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ARTICLE I.

A DISCOURSE ON MENTAL PHILOSOPHY AS CONNECTED WITH MENTAL DISEASE,

Delivered before the

Massachusetts Medical Society,

IN JUNE, 1830.

BY RUFUS WYMAN, M. D.
Fellow of the Society.

Fellows of the
Massachusetts Medical Society;

You had expected, at your last meeting, an address from Dr John Gorham. From him you had hoped to receive instruction and delight. This expectation, and this hope were disappointed by his death. He was suddenly cut down in the vigor of manhood and season of usefulness. Another departed slowly, full of days, and covered with honors, and learning, and virtues of the steady growth of a hundred years. Other fellows, within the same year, went down to the grave in unusual numbers. And again during the last year, they were followed by others to be counted with the dead.

Of the dead, many were your active and useful officers. They were cultivators of sound learning, promoters of the public good, guardians of the public health, ornaments of human nature. Of these, time will not permit me even to repeat the names. But the name of Gorham is too intimately connected with

the services of this day, too much honored by the fellows of this society, too much known by the lovers of medical science, and too dear to the friends of virtue, not to be mentioned, on this occasion, with the greatest respect. I am not to attempt his eulogy. It was pronounced over his mortal remains, by his learned and distinguished friend. It issued from the pulpit, and the press. It came spontaneously, and universally from the hearts of the people of this extended city. He was learned, and wise, and good. He was, therefore, valued and loved while living; honored and respected when dead.

The nature of the change, produced in man by death, has ever been a subject of anxious inquiry. The funeral ceremonies of the ancients clearly indicate a belief in them, that their deceased friends continued to exist beyond the grave. Unless the dead had been supposed to have knowledge of the actions of the living, these ceremonies would have been a senseless show.* Whether this belief were derived from early revelation, transmitted by tradition, or from an induction from facts without us, or from a peculiar consciousness or feeling within us, it has existed among the learned, and deep thinkers of almost every age. It has generally been believed, that the substance, to which consciousness, knowledge, and feeling belong, is totally distinct from the body, which we commit to the earth, there to be decomposed and to enter into new combinations, according to chemical

* Cicero.

laws. But the determination of the question, whether consciousness, thinking, and feeling be attributes of matter or of spirit, seems not to be important in determining the question of man's future existence; for whatever substance it may be, which has existence, knowledge, and feeling here, the same may exist, and know, and feel hereafter.

The brain is admitted to be an organ, by whose agency we have connexion with the external world. By this agency sensations are produced, and volitions are executed. We have no difficulty in believing, that an impression upon an organ of sense may be transmitted to the brain; because in this case we can trace a continuity of organized matter. But that there should arise in the brain itself, thus affected, any consciousness or knowledge, is a fact so entirely distinct from, and so destitute of analogy to other affections of matter, as to indicate the existence of some other substance, possessing different properties, or susceptibilities. So in the execution of our volitions, there is for a similar reason, no difficulty in believing, that a change or motion, existing in the brain, may be transmitted to the voluntary organs. That the brain should originate voluntary motion, is to me wholly incomprehensible. But a review of the arguments, advanced by the materialists and immaterialists, would be of little interest on this occasion. Avoiding then the discussion of a question, in which so many have been bewildered, it will be sufficient to notice the *phenomena* of nature.

Powers, faculties, operations, functions and states of mind are terms which are frequently used. Nothing more is expressed by them than bare phenomena, made known to each individual by his own consciousness; and consciousness itself merely expresses a fact, which can be explained only by reference to the experience of its subject.

We learn then by experience, that man is a being that thinks and feels. Each individual being himself conscious, that he is at different times in different states, is so constituted as to infer from this fact, that others have a similar experience in regard to themselves. These different states, such as perceiving, remembering, comparing, and discerning, and also the different states in anger, joy, hatred, &c. constitute the phenomena, which are called *mental.** They are as closely connected with each other in one clearly marked group or assemblage, as the phenomena, which are common to vegetable and animal life, are connected in another. They are as distinct in their character from the organic phenomena of vegetables and animals, as the organic are from the physical. Nor are the organic actions more interesting to the physician, than should be the mental operations. There is a natural and fixed course of each, which is denominated perfect health.—'*Mens sana in corpore sano.*'

There is a difficulty, and perhaps an impossibility of defining disease of mind; yet the difficulty seems not

* See Note A.

to be greater, than in disease of body. The state of perfect health is taken as the standard for each. Every deviation from this state is, strictly speaking, a disease. The deviations in the organic functions, however, are not usually considered diseases, unless they should be attended with pain, uneasiness, or other inconvenience. Neither are the deviations in the mental states or operations of one man to be considered as amounting to disease, unless they be obviously inconsistent with the feelings, judgment, or belief of other men, who are competent judges; so that the mutual adaptation, by which one mind is fitted to act in concert with others, is destroyed. It may be objected, that there are no mental diseases. That it is an 'unphilosophical notion, which supposes an immaterial principle, the soul, sick or deranged.'* It is admitted, that an immaterial agent cannot have organic disease; because it is not composed of material organs. But that the operations, functions, or states of such an agent cannot deviate from their established course, and usual order, is contrary to obvious facts, of which, I think, every individual must at times be conscious.

In *science* men may differ—may adopt peculiar, and sometimes very singular opinions; yet they may not be accounted insane. Long after Sir Isaac Newton had proved, that the earth is flattened at its poles, the author of the Studies of Nature, contended that it is there elongated; but he was not adjudged to be a lunatic. After him Capt. Symmes believed, that it

* Combe's Phrenol. add. by Editor, p. 412. Spurzheim on Insanity, p. 101.

was neither flattened, nor elongated. He affirmed, that instead of solid earth, there was a vast hole, forming an entrance into an immense cavern, leaving the earth a mere shell, inhabited, as well on its internal, as its external surface ; yet perhaps Capt. Symmes is entitled to a judgment, as favorable as that of St Pierre.

There are mental deviations, however, which relate to the *ordinary* affairs of life and the daily experience of all, in which no man can depart much from the usual opinions, or conduct of mankind without actual derangement. It is true any man may err from want of information, or experience. But a man of sound mind, will be susceptible of the influence of evidence. He will attend to the arguments against his erroneous opinions, and be willing to correct them.

A deranged man will seldom attend to arguments, or feel the force of evidence against his opinions. He will hold fast a belief, which every rational mind would perceive to be founded on error and falsehood. False belief—delusion is, in view of criminal law, essential to insanity. Lord Erskine, in his defence of Hadfield is most full and clear on this subject, and the court unanimously assented to his exposition. James Hadfield was tried in the Court of King's Bench for shooting at the king in Drury-lane theatre. 'He imagined that he had constant intercourse with the Almighty Author of all things—that the world was coming to a conclusion, and that, like our blessed Savior, he was to sacrifice himself for its salvation, and because he would not be guilty of suicide, though

called upon by the imperious voice of heaven, he wished that by the appearance of crime, that his life might be taken from him by others.' His delusion consisted in his belief, that he was under a special command of God—in his belief, that the end of the world was at hand, and in his further belief, that his death would procure its salvation.

In this city, a man believed himself to be King Charles II. He wore a long beard, as was the fashion in the days of that prince. He spoke in the royal style, and required of all persons to address him in language suited to the royal presence. He assumed great dignity of manner, and deemed the touching of his beard the greatest insult. These singularities in conduct did not constitute his derangement. They were indeed proofs of it. His belief, that he was a king, was his delusion. His actions were perfectly consistent with his belief. It would have been unreasonable in him to have conducted differently. His belief, founded on error, did as really govern his conduct, as does the belief of other men, founded on truth, govern theirs.

Last winter an intelligent gentleman believed, that various evil minded persons, who were strangers to him, had often attacked him in the streets with chlorine gas, and had contrived to throw it into his chamber; that it produced pains in his head, and soreness of his nose. He made the doors of his house doubly secure with additional bolts, and caulked the windows, and kept pledgets of lint in his nostrils and ears. This man

was the only proper judge of the existence of the pains and soreness. They were feelings, of which he alone could be conscious. But in assigning causes of these feelings, others were equally competent judges; yet contrary to the unanimous opinion of numerous friends, in whom he had great confidence, he continued in the same belief, and frequently and secretly changed his lodgings to escape the annoyance. He said to his friends, 'I know that it appears to you unreasonable, and imaginary, but to me it is a reality; to you it is a proof of insanity, to me it is a source of suffering.'

Lawyers may trace insanity to delusion, and proof of delusion may always be necessary in courts of criminal law to establish the existence of actual derangement. But physicians should extend their inquiries further, and endeavor to ascertain the difference between a state of delusion, and a state of sound mind—to ascertain how a state of delusion or false belief is produced. This inquiry is not less important in the investigation of mental diseases, than is the accurate discrimination of the healthy and disordered states of the organic functions in the investigation of their diseases. A knowledge of the mental functions in health can be derived only from the history of mental operations. This history of facts, with the laws and principles deduced therefrom by the aid of a sound logic, is called the *philosophy of mind.*

Mental philosophy, then, is an indispensable study of an accomplished physician. Such are the mutual dependencies and influences of the mental and organic

functions, that diseases of either cannot be well treated without a knowledge of both.* But I would not go back to the vagaries of the ancient metaphysicians. It is sufficient to begin with Locke, and proceed with Brown, Stewart, and Reid. If the reading be confined to a single volume, it may be Payne's Elements of Mental and Moral Science. These writers have been guided by the precepts of Bacon. They have taken facts and sought for their connexions and dependencies. They have labored to become simply the interpreters of nature. Whoever will turn his thoughts within him, and attend to the operations or different states of his own mind, will find in their works a record of mental phenomena, of which his own experience will afford the fullest confirmation. An acquaintance with their writings will fix the philosophical import of many terms in popular and scientific use, concerning which there is much confusion and ambiguity in medical books. The *faculties* of the mind, for example, are usually considered as distinct agents. This is erroneous. The faculties are not parts of the mind. The mind cannot be divided. There is but one agent acting in different ways, or performing different acts. This is the doctrine of the immortal Essay Concerning Human Understanding.† The same doctrine is taught by various authors. Mr Locke, speaking of the understanding and will, says the word faculties must not be 'supposed, (as I suspect it has

* See Note B. † B. 2, ch. 21, § 6.

been,) to stand for some real beings in the soul, that performed those actions of understanding and volition. For when we say the will is the commanding and superior faculty of the soul, that it is or is not free, that it determines the inferior faculties, that it follows the dictates of the understanding, &c. though these and the like expressions, by those who carefully attend to their own ideas, and conduct their thoughts more by the evidence of things, than by the sound of words, may be understood in a clear and distinct sense; yet I suspect, I say, that this way of speaking of the faculties has misled many into a confused notion of so many distinct agents in us which had their several provinces and authorities, and did command, obey, and perform several actions as so many distinct beings. Which has been no small occasion of wrangling, obscurity, and uncertainty in questions relating to them.'

The very learned Dr Good* says of the faculties, 'we sometimes, however, are apt to speak of them as distinct and separate existences from the mind, or as possessing a sort of independent entity, and as controlling one another by their individual authorities.' Again, 'The faculties of the mind are so many powers.' 'But the power to do one action is not operated upon by the power to do another action.' Yet he says, under the genus Ecphronia, and not very consistently, 'a sound mind supposes an existence of all the mind's feelings and intellectual powers in a state of vigor, and under the *subordination* of the judgment, which

* Study of Medicine, Cooper's edition, Vol. IV. p. 45.

is designed by nature to be the *governing or controlling* principle.'*

That the study of mental philosophy is a necessary part of a medical education, will be more apparent by attending to the description of insanity by any approved author. Diseases, affecting the intellect, are placed by Dr Good in his fourth class, under the first order, Phrenica, in which they are thus described; 'Error, perversion, or debility of one or more of the mental faculties.' The import of these terms must be understood, or the description will be of no use. From this description we learn first, that there are several mental faculties. Then arises the inquiry, what is their number, and what is the character of each? We next learn, that there may be error, or perversion of one or more of these faculties. Then comes another inquiry, what is their sound state? for unless this can be ascertained, it will be impossible to know when there is error or perversion. When we have acquired accurate knowledge of the sound state, we can, by comparing the two states, learn in what respects the diseased states deviate from a state of health.

The same learned author proceeds in his description, and remarks, under the genus Ecphronia, or insanity, that there is 'diseased perception with little derangement of the judgment,' &c. The medical student would certainly inquire, what are the mental functions or states, intended by perception and judg-

* Idem. p. 51.

ment. Unless he do this, he cannot understand the description. Dugald Stewart* observes, that 'in ordinary language we apply the same word, *perception*, to the knowledge, which we have by our senses, of external objects, and to our knowledge of speculative truth; and yet an author would be justly censured who should treat of these two operations of the mind under the same article of perception.' In the definite and philosophical use of the term, perception denotes that mental function, which refers to an external object as its cause, the impression made upon an organ of sensation. Thus when we have a certain impression upon the ear, followed by a sensation, we refer it to a man cutting wood with an axe. But there is another use of the same term, perception,† when we speak of the perception of the agreement or disagreement of two ideas, or of the perception of the relation of the successive steps of a geometrical demonstration, &c. Dr Good has adopted both uses of this word in the proem to his fourth class.‡ In his description of the genus Ecphronia of the same class, I think, it is nowhere pointed out in which of these senses, or in what sense it is to be understood.

Writers on mental philosophy arrange the mental operations or states under two heads, one of which regards our knowledge, the other our feelings. The former includes the functions of intellect, or the intel-

* Elements, Vol. I. ch. 3.

† Consciousness, or discernment, is the proper term.

‡ See also Dr Good's Lucret. De Rerum Natura, Vol. II. p. 110.

lectual powers or states. The latter includes the affections, emotions or passions, or the pathetical powers or states. Pope, in his Essay on Man, has very happily pointed out this distinction.

> "Two principles in human nature reign,
> Self-love [passion] to urge, and reason to restrain."
> "Man but for that no action could attend,
> And but for this were active to no end."
> "On life's vast ocean diversely we sail,
> Reason the card, but passion is the gale."
> "Love, hope and joy, fair pleasure's smiling train;
> Hate, fear and grief, the family of pain.
> These, mixt with art, and to due bounds confined,
> Make and maintain the balance of the mind."

This division of the mental states or functions has suggested a corresponding division of mental diseases—diseases of the intellect and diseases of the passions.* The same division is the basis of Dr Good's arrangement of the mental disorders, which is clear and comprehensive, and should be thoroughly studied. He has, however, made many subdivisions, more important, perhaps, to a systematic work, than to the treatment of mental diseases.

In diseases of the intellectual functions there may be perversion, diminution, or augmentation of one or more of the intellectual states or faculties.

1. It has already been observed, that *delusion* or *false belief* exists in all cases of insanity, in the legal meaning of the term. True belief is founded on

* The term *passion* is here used in an extended sense, including *emotions* and *affections* of various authors.

some intuitive knowledge, some original principles, some self-evident truths, from which, by the process of reasoning, conclusions are derived, to which assent is given. Thus my belief, that the sun will rise again, is an inference from a confidence in the *permanency* of the order of nature. My belief of the existence of an external world is derived from my *sensations*. My belief, that Dr Holyoke lived in Salem, A. D. 1828, arises from my confidence in the evidence of *memory*. My belief, that he was then one hundred years old, arose from my confidence in *testimony*.

If there be perversion in the original principles of belief, all consequential belief will be false. If these foundations of intellect be overturned, the superstructure will be in ruins. The physician and patient cannot meet on common ground. Reasoning will be vain. They are at variance about first principles, which *are not susceptible of proof*, and *do not admit of argument*. Insane persons usually reason right; but the conclusions are wrong, because the premises are false.

There may be perversion not only in regard to fundamental principles of belief, but there may also be error, in a degree amounting to disease in the faculties exercised in reasoning from these principles. Inferences, which every sound mind would discover to be false, are sometimes made by lunatics from premises, which are true.

2. That there is often a *diminution* of intellectual power, in a degree amounting to disease, comes within

the experience of some, and the observation of all. The memory may be imperfect, the agreement or disagreement between ideas may not be discerned, or the mental operations may be slow and unequal.

3. An *augmentation* of one or more of the intellectual powers is another deviation from a state of sound mind. That it is a disease, may perhaps be denied; and if it be a disease, many might wish to be sick. The disease consists, not in a proportional and permanent augmentation of each faculty, but in the temporary excess of vigor and activity of one or more of the faculties above their just proportion. In some, the quickness and extent of the memory is increased; in some, the imagination is too active; in some, there is increased talent of ridicule and sarcasm; in some, there is a hurry and quickness in all the intellectual operations.

The augmentation of intellectual power is sometimes sudden and wonderful. A gentleman of moderate mental endowments, who played an indifferent game at chess, became deranged in 1819. There was at first some doubt as to the reality of his insanity. On a certain evening he came from his room with a blanket over his shoulders, in the character of an Indian chief; his head elevated, his body very erect, his step long and firm. His whole manner had an air of dignity, and conscious superiority. He took his seat at a table, upon which was a chess-board, and played several games with several persons, by whom he had often, if not usually, been beaten.

But he was now conqueror in almost every game. He played with a skill and quickness, never approached by him before or afterwards. All doubt of his insanity was now removed in the judgment of his physician. That judgment was afterward fully confirmed, by a complete developement of the disease.

As there is disease of intellect, without disease of the passions, so there may be disease of the passions, without apparent disease of intellect.* In diseases of the pathetical states or functions, there may be *exaltation* or *depression* of one or more of the passions. These diseases are more to be dreaded than any others, to which man is liable. The passions, being the source of all his actions, and continually demanding of the intellectual powers the means of their gratification, if they be in excess, they urge to action beyond the bounds of reason, and the subject of them is driven and hurried on to the perpetration of the most atrocious deeds. Here the law sees no delusion, and holds the miserable offender accountable for his acts. This, perhaps, is the only practicable rule, consistent with the safety of society.

The physician, however, must take a different view of these deplorable cases. He must discard the policy of the law, and attend to the voice of humanity and of truth. It is true, the passions are under the control of every man in a state of sound mind. Whoever possesses this power of control, and neglects to

* Manie sans délire. Pinel § 64.

exercise it, is responsible for deeds arising from his negligence. But the man, who has lost this power by the *exaltation* of one or more of the passions, who does not possess that self-control, which belongs to every man of sound mind, labors under a mental *defect*,—a deviation, which as truly constitutes a disease, as does any deviation from a state of health in the intellectual or vital functions. If the passions are all in due proportion, they are productive of the good, for which our Creator designed them. But when one or more of them is exalted, they will be followed by mental disturbance. Such may be their influence upon the intellectual powers, that what is right, or what is wrong may not be discerned ; or the feeling of obligation to avoid the latter and pursue the former may be overpowered, or lost in the *diseased desire* of gratification. There may be an extravagance of feeling, as there was in the days of chivalry, or the crusades, or has been in periods of religious or political excitement, which may obscure the intellectual vision, and lead the blinded enthusiast into the greatest absurdities.

But there is another state of mind, in which one or more of the passions are *depressed*, and evince a defect of vigor and activity. There are persons, who are almost destitute of friendship, love, or hope, and nearly all the kind and benevolent affections. Others are scarcely susceptible of hatred, envy, or revenge, &c. And again, there are some, in whom there is a kind of general apathy, who feel no interest in the

affairs of life, or in the happiness of themselves or of others. These are deviations from a sound state, and fall within the conditions of mental disease. They are not the natural and original states of the individual, but temporary changes induced by particular causes.

Exaltation, and depression of passion, are sometimes manifested alternately in the same individual. * * has been for several years subject to alternations of these states, without disease of the intellectual powers. During the state of depression he talks little—scarcely answers questions—goes to bed early—sleeps well—rises late—takes food regularly—is indifferent about his dress—refuses to walk, or ride, or to attend church—writes no letters—reads no newspapers—discovers no interest in any person or kind of business. He is not anxious, or distressed on any subject—is perfectly quiet and inoffensive. After being depressed from two to five weeks, he gradually becomes more active, gay, and full of business. As a first change, he begins to smile, and answer questions; then to sit up later, sleep less and rise earlier—walks, and rides when requested. In a few days, he begins to converse freely, read newspapers, and play at chess. Next he calls for his best clothes—is anxious to attend church, visit every where, and see every body—plans voyages—is full of business—writes letters to all parts of the United States, to England, France, Holland, &c.—becomes gay—dances, sings—is irrascible—offended when opposed—passionate, and violent—tears his clothes—breaks windows,

swears, strikes, kicks, bites, dashes drinks in the faces of attendants, and sometimes says, 'I would send you to hell, if I could;' but instantly, sensible of the inhumanity of his wishes, and becoming calm, adds, with good feeling, 'But I would remove you to heaven in one minute.' The paroxysms of passion, in various degrees, are repeated many times in a day, from the most trifling causes, and without malice. In this case, the changes from depression to exaltation of passion are usually gradual—often sudden, and sometimes instantaneous. The paroxysms are, almost universally, free from any apparent disease of the intellectual powers. His letters are well written, his plans of voyages are judicious, and the whole discovers an intimate knowledge of business. When the transitions are gradual, he appears, during the intervals, quite well for several weeks, and is a kind hearted, intelligent, agreeable man.

To exhibit clear and exact views of an insane mind, it seemed necessary to consider separately diseases of the intellect, and diseases of the passions; yet they are seldom so observed in fact. During health the intellect may discover some supposed good, real or imaginary, and then will arise the desire to obtain it; or it may detect some supposed evil, real or imaginary, and then will arise the desire to avoid it, and, perhaps, to punish its author. Or one or more of the passions may become excited, and seek to be gratified, and then the intellect is to devise the means to accomplish the end. These relations continue in a state of *disease*,

the disordered intellect suggesting opportunities for the indulgence of the passions, or the excited passions, in their turn, prompting the intellect to provide for their gratification. Hence the most common form of insanity is a combination of disordered passions, and disordered intellect, in variety and gradations almost infinite.

Such, too, is the connexion between the mental operations and various organic functions, that diseases of the one frequently induce diseases of the other. Hence insanity arising from moral causes, as jealousy, anger, remorse, unexpected adversity or prosperity, soon produces disease in some of the abdominal viscera. Hence, too, diseases of the alimentary tube, the liver, and the uterus, often produce mental diseases.

It has been my object to notice some of the connexions between sound mind and mental disease, that I might suggest for your future consideration the importance of mental philosophy, as a necessary part of a medical education. It is the number and extent of the mental powers of man, that constitutes the vast difference between him and every other terrestrial being. It is mind, that traverses the ocean, and converts a wilderness into fruitful fields. It was the mind of Newton, which explored the heavens, weighed the planets, and measured their distances. It was the mind of La Place, which again journeyed through the celestial regions, and returned with new proofs of the power and wisdom of the creator. But in the most exalted views of the mind of man, there appears enough

of frailty to teach him humility. It is subject to disease. Its powers may be prostrated in a few uneasy days. In a single moment, the noblest intellect may be reduced to the humble condition of the most ordinary mind. Such changes are obvious to all, and leave no one in doubt of their nature. It it not usual, however, that the subversion of the mind is the work of an hour, or a day. The attacks of insanity are commonly gradual, and in passing from a state of sound mind to a state of derangement, the changes are almost imperceptible.

'Such thin partitions do the bounds divide,' that it may be difficult to form a satisfactory opinion, whether an individual be, or be not deranged. In determining a question so important to him, the first inquiry should certainly be to ascertain the actual states of mind, as manifested by the countenance, conversation, and conduct. But this knowledge will be of little use, unless it be compared with some standard—the standard of sound mind.

The medical student is required to learn of chemistry and natural philosophy the laws of inanimate matter—to toil, at the risk of life, in learning the structure of the body, and the functions of its organs; yet it is only *incidentally*, that the functions of the mind become an object of his attention. That, which acquires all knowledge, may itself remain unknown. A knowledge of the faculties of the human mind, and the laws of its operations, can be acquired by no man except by deep attention to the mental changes, of

which he is conscious. He must find within himself the facts and experiments, from which alone he can deduce the principles of mental science. In making these deductions, he will discover a new world, beautiful and wonderful, 'the image of God.'

Mental philosophy is interesting to physicians, as men of science. It will repay their labors, as curious men, seeking amusement; as students of nature, of good morals, and of sound religion. It is also interesting to them as a profession. No where does it cast a clearer or a stronger light, than it throws upon the darkness of a disordered mind. In cases of alleged or pretended insanity, physicians are frequently called to give opinions, upon which the verdict of a jury or the judgment of a court may mainly depend. Here rests upon the medical witness a most solemn responsibility. The decision may involve consequences, more important to individuals and the community, than the treatment of the disease. It may extend to the disposition of property, validity of contracts, responsibility for crimes, even to the jeopardy of life. Before another anniversary of this society, some of its fellows may be involved in a calamity, by which property, or character, or life, may turn upon the question of sanity or insanity. It may be that this question will be decided upon testimony, which some of you may be required to give—and the correctness of this testimony may depend upon a correct knowledge of sound mind.

Note A.—Page 6.

So various are the classifications of the functions of animated beings, that it is impossible to speak of them intelligibly without some explanation. In the preceding discourse the following arrangement has been observed.

VITAL FUNCTIONS—functions of living or animated beings.

I. Organic Functions—functions of all organs, whether of vegetables or of animals.

II. Mental Functions—all mental changes or states; as knowing or being conscious.

Intellectual—perceiving, remembering, &c.

Pathetical—joy, grief—hope, fear—love, hatred, &c.

1. Remark. Vegetables have only organic functions. Animals have both organic and mental functions.

2. Remark. It must be obvious to every man, who attends to his thoughts, that *knowledge* or *consciousness*, arising from changes in the material world, is totally different from the changes, *from* which it arises. They are followed by the state of being conscious, and are, in a certain sense, the causes of that state.

3. Remark. The modern doctrine of two lives in one being, is not more simple, than the old doctrine of one being, composed of a living body and a thinking soul. The distinction between the organs of '*animal life*' and of '*organic life*,' as stated by Bichat, does not seem to be well founded. Of the former he considers the organs to be double, possessing 'symmetry of external forms;' of the latter to be single, having 'irregularity of external forms.' The following enumeration of double and of single organs will show, that the distinction, as contended for, does not exist in man.

I. Organs, which are double, consisting of two analogous parts, viz.

The brain and nearly all the nerves—the eyes, ears and nostrils—the tongue and chin, divided by a medial line—the fingers and toes of one side, corresponding with those of the other—the lungs, heart, and nearly all the arteries and veins—the kidneys and ureters, united in the bladder—the prostrate gland—the testicles, vasa defferentia and vesiculæ seminales—the ovaria and fallopian tubes, united in the uterus—the parotid, submaxillary, axillary and inguinal glands—nearly all the bones and muscles.

II. Organs, which are single, viz. the œsophagus, stomach, intestines, liver, pancreas and spleen. Perhaps the uterus and bladder may be considered either as single organs, or as the union and continuation of double organs.

Note B.—Page 10.

The treatment of insanity chiefly depends upon the connexion between the mind and body. If there be inflammation of the brain, or its membranes, it is to be treated as inflammation of those parts. If there be other organic disease, whether of structure or of function, in any part of the body, medical treatment will be required. But in mental disorders, without symptoms of organic disease, a judicious moral management is more successful. It should afford agreeable occupation. It should engage the mind, and exercise the body; as swinging, riding, walking, sewing, embroidery, bowling, gardening, mechanic arts; to which may be added reading, writing, conversation, &c. the whole to be performed with order

and regularity. Even the taking of food, retiring to bed, rising in the morning, &c. at stated times, and conforming to stated rules in almost everything, is a most salutary discipline. It requires, however, constant attention and vigilance, with the greatest kindness ~~and attention~~ in the attendants upon a lunatic. Moral treatment is indispensable, even in cases arising from organic disease.

In regard to medical treatment, I believe, that purging, bleeding, low diet, &c. have been adopted with little discrimination. They are to be resorted to only when there is organic disease, which requires the '*reducing plan.*' But these remedies, especially in debilitated subjects, are seldom useful in relieving mental disease. They are usually injurious, and frequently fatal. It is undoubtedly true, that impressions upon the alimentary canal by purging or vomiting, and upon the skin of the extremities by blistering, are useful in chronic cases of mental disorders. But these remedies must be suited to the strength and general health of the patient.

ARTICLE II.

ON A

VARIETY OF PARURIA RETENTIONIS

PECULIAR TO FEMALES.

BY JAMES JACKSON, M. D.
President of the Society.

In the second year of my practice I was called to Mrs A., whom I found in great distress, the source of which was not at once apparent. After a full inquiry into the state of all the functions, I at length discovered that the immediate difficulty was a suppression of the urine. The history was briefly this. A few days previous the patient had walked over some marshy ground while menstruating. She returned home with her feet wet, and found that the catamenia had stopped. Shortly she began to feel sick, had distress in the epigastrium with nausea and vomiting, and after a time pain in the right side of the thorax. With these symptoms came on strangury, and at last an entire suppression of urine. This suppression had lasted forty eight hours when I saw the patient. For present relief I

introduced a catheter and a large quantity of urine was expelled with sufficient force. The other symptoms yielded after a few days to cathartics, vesication, etc.; but the retention of urine continued constantly for six months, during which time I introduced the catheter twice a day. It afterwards continued for some years with less constancy, but so that it was necessary to use the catheter occasionally.

In the beginning the urethra was somewhat swollen, so as to feel more firm and larger than natural, but there was not any obstruction to the passage of the catheter. There was, however, some pain in the introduction of it. There was severe pain at other times in the parts, which the patient compared to a sword running up into her. Gradually the bladder lost some of its power of expulsion, so that external pressure was necessary to evacuate the organ thoroughly. The expulsion was often attended by strong bearing down of the uterus and great pain. In such cases some benefit was derived from pressing the fingers firmly against the uterus. This both facilitated the evacuation and lessened the suffering. The uterus, did not, however, so act as to present any mechanical obstacle to the evacuation. Nor was I able at all to satisfy myself in that case, nor have I been in any subsequent one, to what cause the retention was owing. Yet I had all the opportunity for this purpose which I could have in a living subject. The return of the catamenia after some weeks did not afford any relief, and for the time even aggravated the sufferings.

In this case some other symptoms also occurred, one of which I have often noticed since. This was a swelling just above one of the groins within the parietes of the abdomen. The swelling was not exactly defined, was somewhat painful and quite tender to the touch. The symptoms which have been less common were referable to some collection of matter in or about the uterus. This occurred several times in Mrs A. First, she suffered great pain in the pelvis for some days, and then there took place a sudden discharge of bloody matter by the vagina, with relief.

At the time when this first case happened, I sought assistance from my elder brethren, but did not find them acquainted with the disease. I consulted many books also, but with as little advantage. Since that time I have never seen the disease described, except in the New England Journal of Medicine, and that by persons who had derived their knowledge of it from me, in conversation or in my lectures. Until the Massachusetts General Hospital was opened, I very rarely saw any cases to be compared as to severity with the one I have described. Among the patients there, especially in young women living at service, I have had many severe cases. But both there and elsewhere, I have frequently met with more mild cases of disease from the same cause, in which strangury has occurred without retention of urine. These milder cases are I am persuaded very frequent every where, but are overlooked in consequence of the unwillingness of the patients to state the real symptoms. Even at the Hos-

pital, in repeated instances, the patients have denied for a long time that there was any difficulty as to the urine. On this account I think it may be useful to describe the disease as it shows itself in the beginning.

As already intimated in most cases, I have seen this disease in maid-servants. I have been called by the mistress in such instances. She has stated that for several days, perhaps a week or a fortnight, the girl has appeared sick, yet has been unwilling to call herself so; that she has said she has had a cold only, and has been desirous to do her work, but that she has evidently been unfit to do it, and sometimes has been quite unable. On inquiry it has further appeared, that she had seemed dull for a day or more and then had begun to be more seriously sick for a few hours or a night; but had rallied a little and then again fallen off. At an early period there had been vomiting with loss of appetite, perhaps with much distress at the stomach, occasionally with the common symptoms of hysteria. To this in many cases has been added pain in the side, sometimes severe, so as to be thought the whole disease; and this, perhaps, has been attended with cough. Headache, pain in the back, chills, flushes, etc., have also occurred, with more or less severity. In most cases these symptoms are related with a degree of reluctance; the patient is unwilling to answer questions, and seems not to expect any relief from a physician. Sometimes she avoids the look of the physician and is fond of covering her head with the bed-clothes, if on the bed.

Having long since learnt what these appearances indicated, I have in such cases made inquiries as to the catamenia and as to the urinary evacuation. Sometimes the patient has been gratified by these inquiries and become more communicative, perceiving that there was now some chance for relief. But commonly there has been a remarkable aversion to disclose the truth even to females. This circumstance is almost as characteristic of the disease as the fallacious hope of recovery in consumption. The effect is an aggravation and prolongation of the suffering from a neglect of its real cause. When, however, the truth is ascertained it amounts to this;—that on the first or second day of the occurrence of the menses the girl has been engaged in washing or in some other work, in which she has wet her feet; that in this way she has caused a sudden suppression of her menses; that a frequent desire to pass urine, but pain and difficulty in the discharge, have ensued; that more or less constitutional disturbance has accompanied or followed this dysuria; and, especially in severe cases, that vomiting and a pleuritic pain in the right side have occurred, and to bystanders these have appeared to constitute the essential disease. In many cases, no doubt, these difficulties have subsided spontaneously and without being very severe. In how large a proportion of all the cases, in which menstruation is interrupted, they are produced, cannot be easily ascertained. That they are not always I well know. But that they often occur and are concealed for a long time I also know.

It is particularly to be noted, that the recurrence of the catamenia does not relieve this disease; at least that it does not necessarily. I have known the disease to come on when the stoppage has lasted less than twenty-four hours. In some cases, however, amenorrhea ensues for a longer or shorter period; and in these the restoration of the sexual discharge does not necessarily give relief, though it sometimes may do it.

Those who have once been affected with this dysuria are liable to its recurrence, not only from the same cause, but from exposure to cold or to hardship of different kinds. In some instances it becomes a chronic affection, mitigated much at times, but with occasional returns of great severity. Of this kind mostly are the cases we have had at the hospital. In these cases the general health is not always so much disturbed as might be anticipated. But at times the patient will lose her appetite, perhaps vomit and will presently appear in great distress or violent pain. This will be called colic or a spasmodic disease, or by some other name. Usually constipation will accompany the attack. If the real difficulty is not discovered the patient will pass no urine for twenty-four or forty-eight hours, or even longer, as she will subsequently avow.

Though the sufferings attending the disease which I have described, are often extremely severe, I have never known the disease to prove fatal. I intended to examine the body of my first patient, Mrs. A., should

I survive her. But she died several years since of another disease in a neighboring town. Probably others of my patients must have died since I began to observe the disease, but none under my observation. I cannot, therefore, throw any light upon the subject from morbid anatomy. That there takes place some kind of inflammation in the pelvic visera, and that this varies in its extent, as well as in its severity, in different cases, I am well persuaded. But after much thought upon the subject I am not disposed to offer any more precise opinion as to the proximate cause, or real morbid affection existing in the disease.

In respect to the treatment, experience justifies me in giving a much more decided opinion. Since the first case I saw I have never failed to afford decided relief in the recent attacks; and in chronic cases I have failed in a very few instances to remove all of the urgent and distressing symptoms. But in these last the disease is very easily reproduced, and more prudence is therefore required than the patients have always possessed. One evil of negligence it has been very difficult to impress sufficiently on some patients. That is, the injury to the bladder from a long retention of urine. If this has been allowed to happen often the patient will always be liable to difficulty upon occasions comparatively slight. Thus the retention of urine for a few hours in such a case will present an obstacle, which the weakened muscular coat of the bladder will be unable to overcome. Unfortunately the evil increases itself. It might always be

guarded against if the patient would learn to introduce a catheter for herself. Some few have done so; but most who have tried, have failed to succeed; and they have often irritated the parts very much by their efforts.

In *recent cases*, bleeding, both general and local might be employed with propriety, and probably with entire relief. But the patients are not willing at first to regard the disease as sufficiently serious for such a remedy; and as I have succeeded without it, I have not urged it. The method I have pursued has been, first to purge freely with calomel and such other cathartics as the stomach would bear; second, when the nausea has not forbid to prescribe free potations of watery drinks, with mucilaginous substances; third, to administer mercurials in alterative doses until the mouth has been a little sore, if the patient has not been relieved short of this; and fourth, to vesicate over the hypogastric region in all severe cases and on the side for the pleuritic pain. These remedies have succeeded invariably, as I believe; nor have they all been required in every case. I used vesication with caution at first, but have not found any serious evil from the effect of cantharides on the bladder. Indeed, when distention has lessened the expulsive power, there is not any remedy more signally useful.

In the *chronic cases* I have relied on the same remedies, adapting them to the urgency of the case. Daily attention to the state of the bowels has been necessary to guard against aggravation of the disease.

But my principal reliance has been on mercurials and vesication. It has, however, been my constant care to prevent the distention of the bladder, in cases of retention of urine. For this purpose the catheter has been used at least twice a day. In some rare instances these means, when faithfully employed, have been insufficient. In them I have tried, with permanent advantage, as well as temporary relief, preparations of tobacco. I have used principally the wine of tobacco; sometimes administering it in an enema, and sometimes by the mouth. The last is the most convenient mode, and not attended by more nausea than the other. From twenty to thirty drops, administered two or three times a day, is usually sufficient. It should not be continued in nauseating doses.

The particular circumstances of each case will often suggest subordinate remedies, adapted to the relief of accidents which may occur.

ARTICLE III.

REMARKS ON THE SORE MOUTH OF NURSING WOMEN.

BY E. HALE, JR. M. D.
Fellow of the Society.

Nursing women are often subject to a sore mouth of a peculiar character, which I have not seen adequately described. It begins with a hard pimple upon the edge of the tongue, generally at a little distance from the tip, which is very red and extremely painful. In many mild cases, this continues a few days and disappears, and then returns again at irregular intervals. Those who have been frequently subject to these attacks, are aware of their approach by a loss of the sense of taste, and especially by being insensible to the taste of salt, accompanied by other peculiar sensations in the mouth, which they seem at a loss to describe.

This is the mildest form of the disease, and unless it is under the influence of remedies, it does not long continue in so mild a state. After a few returns, and

not unfrequently at the first attack, the central spot ulcerates. The ulcer is deep, with hard elevated edges, surrounded by an inflamed circle, and is still exquisitely painful. Several of these ulcers form upon the soft parts of the mouth, that is, upon the tongue and the inside of the cheeks, rarely if ever upon the gums or the palate, and although each ulcer is of small extent, the inflammation around them spreads over nearly or quite the whole mouth. The tongue is very red and smooth. The salivary glands are excited, so that there is a considerable salivation. The inflammation next extends to the fauces, and then to the mucous coat of the œsophagus, stomach and intestines, accompanied by diarrhœa. The soreness of the mouth is not diminished by the extension of the inflammation to other parts. The ulcerations continue to increase in depth, though their extent of surface is not great. I have seen a considerable loss of substance in the edge of the tongue, which has been only partially supplied when the ulcer healed, leaving the edge of the organ still jagged and uneven. Throughout the whole of the disease the appetite is good, but the pain from taking food is so great that nothing but the mildest liquids can be borne. Although the patient becomes greatly emaciated, and her strength wastes rapidly, the secretion of milk is little if at all diminished, and the child continues vigorous and healthy.

In any stage of the disease, if the child be taken from the breast, the affection of the mouth heals with

great rapidity. The same is true in the earlier part of the disease, of the diarrhœa and other sympathetic affections; and indeed it generally is so when the weaning takes place at any period. In one instance, (it was the first case that came under my observation,) where the nursing was prolonged until the patient's strength was much exhausted, she was not materially benefited by weaning the child. The mouth healed, but the diarrhœa continued. The powers of the digestive organs were so prostrated that she could not take food sufficient to nourish her, and after a long period of debility and suffering, she died,—more from inanition, than from the violence of any constitutional disease. I am not now able to form an opinion decisively, whether this woman would probably have recovered if the child had been taken away earlier; but am not without some apprehensions that her life was endangered by nursing it so long. In other instances, I have seen patients recover from a state of extreme weakness, produced by pain and diarrhœa, accompanied by the inability to take food, with a rapidity altogether surprising; and this without any material change of remedies to account for the change of health, except in the mere circumstance of weaning the child. In the following case the connexion of the disease with nursing was very strikingly exhibited.

Mrs H. had suffered considerably with sore mouth while nursing her first child, but not so severely as to induce her to wean it prematurely on this account.

After the birth of her second child, she passed the puerperal state without any peculiar difficulty, but had not fully recovered her strength before the sore mouth appeared. It ran rapidly through the stages I have described, in spite of any remedy I could use, and in a few weeks it seemed evident that nothing but weaning the child could save her life. She yielded to this necessity with great reluctance; but after some delay, which I thought exceedingly dangerous, such was her state of exhaustion, she took the child from the breast to bring up by hand, being too poor to procure a nurse for it. She recovered with such rapidity that in a week she was able to walk out, and I discontinued my visits. In about another fortnight I was called again, and found her still more reduced than at any time before. On inquiry it appeared that soon after I had left her, she had been persuaded by some injudicious friends, to apply the child again to the breast. The milk, which had not wholly disappeared, returned freely, and she had now nursed the child a fortnight. In the mean time the sore mouth and the diarrhoea had returned with more than their former violence; and her whole appearance indicated extreme debility and exhaustion. The child was now weaned in good earnest. She recovered however much more slowly than before; and it was not until after spending some weeks in the country that her strength was fully restored.

The following year, after the birth of another child, this patient was again affected in the same manner.

For several weeks we were able to keep the disease in check, by a constant exhibition of remedies, with a careful diet; but it then increased to such a degree as to render it necessary to wean the child. She recovered her health in a very short time, and has since suffered no relapse.

In one or two other instances I have found weaning necessary. But in many more cases the disease has yielded to treatment without it. The patient does not indeed so entirely recover as to be wholly free from any tendency to the complaint. On the contrary, the mouth is very ready to become sore, from slight occasional causes,—from fatigue, or from accidental indigestion. But in general these attacks are soon checked, and are followed by intervals of tolerably good health.

The circumstances which require that the nursing should be suspended, are not merely the degree of soreness of the mouth; but the violence of the diarrhœa, and the extent to which the general constitution suffers, and more especially the inefficacy of remedies to arrest the disease, while that function continues to be performed. The length of time during which it may be proper to wait in order to ascertain the efficacy or inefficiency of remedies must of course vary according to the urgency of the symptoms. The necessity of weaning is an evil to be avoided if possible. Not only is the patient subjected to the inconvenience and expense of a wet nurse, or of bringing up her child by hand, either of which are far from

being trifling, but she is left with the strong probability of having to undergo the same evils again, at no great distance of time.

So far as my observation extends, there is always a disposition to a recurrence of the disease in every subsequent period of nursing. And, although my experience has not been sufficiently extensive to be decisive on this point, yet this disposition to recurrence seems to be stronger in those cases where the child has been weaned on account of the disease than in others. The reason may be only that in these cases there is less opportunity for the constitution to regain its usual habits of health before another pregnancy. But be the explanation as it may, if the fact should prove to be so, it becomes a strong reason for not resorting to weaning, until the necessity for it is quite manifest. At the same time we must be on our guard not to suffer the exhaustion and debility to proceed so far as fatally to undermine the constitution. It is obvious that if there is any predisposition to phthisis, or other constitutional disease, the debility must be regarded with more solicitude and apprehension than in a habit generally vigorous and sound.

This kind of sore mouth is also sometimes seen during pregnancy. But according to my observation, it never appears in a first pregnancy, and when the sore mouth appears in a subsequent pregnancy, the disease does not extend itself into the other train of symptoms, which I have described. I have never seen it in a pregnant woman, unless she had before suf-

fered from it while nursing, and it has in that state yielded readily to remedies, without any considerable constitutional irritation.

Treatment. In the treatment of this affection, local remedies are of very little service. I have seen some little benefit from the use of a decoction of the leaves of the black currant; but in general, mouth-washes and gargles avail so little as scarcely to give a momentary relief. It not unfrequently happens that the stomach is disordered, although this is not essential to the disease; and when it is so, an emetic is necessary. For this purpose the ipecacuanha is the best, since it is not desirable to produce a powerful general effect upon the system. The emetic is but preparatory to the direct treatment of the disease; and there are many cases in which it may be dispensed with. For the cure, the chief reliance must be upon tonics; those particularly which give vigor to the actions of the stomach with little general excitement. The lime-water infusion of bark (Infus. Cinchon. cum Aqua Calcis of the United States Pharmacopœia) is a good preparation for this purpose. Given in the quantity of a wine-glass full two or three times a day, it will often arrest the disease and restore the strength. Another preparation of the cinchona, which is well suited to this disease, is a compound fermented infusion. Take of cinchona, bruised, half an ounce, serpentaria half a drachm, orange peel two drachms, boiling water a pint; infuse and strain, and when cool, add yeast a sufficient quantity to excite fermen-

tation. The carbonic acid, in almost any process of fermentation, seems to exert a very favorable influence in this complaint,—provided the liquid which accompanies it is not of a nature to produce acidity and flatulence in the stomach. Bottled porter and ale are highly useful remedies. For the reason just given, they should not be new; but if sufficiently matured, the more fixed air they contain the better. The effervescing salts also have sometimes a pleasant and salutary effect. Especially in case a laxative is necessary, it is quite desirable to give it in some effervescing mixture. This may be the common Rochelle or Seidlitz powders, or what I think for most cases a better preparation, a powder of Rhubarb mixed in water with the super-carbonate of potass, which is found in every family, adding a little lemon juice or other acid at the moment of taking it.

Where the porter has stimulated too much, and the effervescing salts were disagreeable to the patient, I have given a fermented solution of tartaric acid and sugar. In the warm weather this is quite an agreeable article of drink; when properly prepared, it contains a large portion of carbonic acid, and at the same time is so free from vegetable impurities, that it is very little liable either to give pain or excite flatulence in the stomach. The preparation of it is not difficult. An ounce of tartaric acid is put to about three gallons of cold water, with white sugar to suit the taste; and add two or three spoonfuls of good yeast, (more or less, according to the quality of the yeast,) stir it well

when first mixed, and once after two or three hours, at which time, if necessary, add more yeast; let it stand quietly in a cool cellar about twentyfour hours; then draw it off carefully and bottle it.

There are some cases to which the sulphate of quinine is well adapted. It is not in the worst state of the disease that it is the most useful, when there is a great deal of irritation in the mouth, throat and stomach. But in a debilitated constitution, in which there is a disposition to the disease; or after a severe form of the disease has been nearly cured, and is disposed to return, this remedy will sometimes exert a great influence. I have known a patient keep the complaint in check for a length of time, by taking a small quantity of the sulphate of quinine occasionally, whenever she perceived the approaches of the disease, as indicated by insensibility of taste, preceding the soreness.

There may be other tonics that would be equally efficacious, which I have not mentioned. I have spoken only of such as I have myself prescribed. Whatever tonics are used, however, it is essential that they should not be of the exciting kind. Tinctures of any sort are wholly inadmissible; and in general I have found it necessary for the patient to discontinue the use of wine, while the disease was in its severer state.

I have known of some cases, in which calomel, combined with opium, has been given to advantage, although I have not myself met with any which

seemed to me to call for it. Where there is much constitutional irritation, without great general prostration, we might expect decided benefit from the use of calomel and opium. But in the severe cases that I have seen, there has been so much prostration, with a disposition to sweating, rather than to a dryness of the skin, either before I was called, or before I have found opportunity to give this medicine, that I have made no trial of it.

I have said nothing of the benefits of change of air and exercise in this complaint, because there is nothing peculiar to it in their good effects. I have already sufficiently intimated, that no course of treatment, of which I have any knowledge, will at all times be effectual, so long as the patient continues to nurse her child. Where the disease is not arrested by the use of medicines, and especially if the strength continues to decline rather rapidly, weaning seems to be the only remedy. But enough has already been said of the circumstances, which require a resort to it.

In regard to the pathological character of this complaint, it is apparent that it is intimately connected with, and dependent upon some peculiar state of the system produced by the secretion in the mammæ. It is found only in females, and in them only while nursing, except when it returns in a mitigated form during pregnancy, in some persons who have before been subject to it; and it speedily disappears when that secretion is checked. But it is not enough to have traced it thus far, nor to show that the disease may

be removed by suspending so important a function. It is only in cases of great danger or extreme suffering that mothers can, or ought to be, induced to consent to weaning their children on account of it. It is necessary, therefore, to inquire more particularly into the nature of the actions by which the disease is produced.

That this affection is not the effect of mere exhaustion of the system, from the demand made upon it by the secretion in question, is manifest from the circumstance that women of a vigorous constitution and of good general health are subject to it, as well as those who are feeble; while, on the other hand, many, whose constitutions are extremely debilitated, go through the whole periods of pregnancy and nursing without any touch of it. It appears more rational to regard it as the effect of the local sympathies of the parts.

From the great liability of the stomach to be disordered in this complaint, and especially from the fact already mentioned, that those remedies only are of permanent benefit which act on the stomach, it should seem that it is chiefly through the intervention of that organ that the disease is produced. We know of no direct sympathy between the parts in which the affection first appears and the mammæ; while the stomach is very closely connected with the mouth and fauces on the one hand, and with the uterus and all the organs associated with it on the other.

This view of the nature of the disease sufficiently

explains all the phenomena, which I have been able to observe, both of the disease itself, and of the cure. In the treatment of a sympathetic disease, our first object is to remove, when that can be done, the affection that gave rise to it. But when that cannot be effected, or when, as in this case, the sympathy is with some function which it is important to preserve, our next purpose is directly to relieve the suffering organ. In the present instance, if we apply our remedies primarily to the local affection in the mouth, they fail of their effect. But if they are applied to the stomach, they are not unfrequently so successful as to give the patient a very tolerable degree of health, until the proper time arrives for weaning the child, when all tendency to the disease will of course cease.

ARTICLE IV.

CASES OF
INFLAMMATION OF THE VEINS.

WITH REMARKS ON THE SUPPOSED IDENTITY OF PHLEBITIS AND PHLEGMASIA DOLENS.

BY WALTER CHANNING, M. D.

C. A., an unmarried woman, twentyone years of age, was first seen by me on the 17th of February, 1829. Her present illness began about a week since, but did not oblige her to give up work till the 14th. She complains of headache, cardialgia, and palpitation on exercise, or exertion of any kind. On the 13th says she had a fall, and thought she had caused some derangement in an old inguinal hernia on the right side, for which she habitually wears a truss. Nausea and vomiting followed the fall, and from that time the abdomen had been tender to the touch; but it was now neither tender nor tense. On the 16th, chill, followed by heat. Pulse now 80, vibrating, not strong nor full. Tongue denuded, no appetite; thirst rather

urgent; bowels costive; sallowness of face; lips colorless. She was reserved, rather than timid, so as to give the idea that she did not communicate her symptoms fully and exactly. Her symptoms did not lead to any satisfactory opinion respecting the seat of her complaint, and she was carefully watched on this account. On inquiry it was learned that she had been ill in the autumn, and, as she thought, with similar complaints, for several weeks, and that for several months the catamenia had been absent, but that they had recurred the last week in January.

She was purged freely on the 18th and 20th of February. On the 21st she was more ill; had more headache, anorexia, cardialgia, nausea and vomiting; pulse 84. Got two doses of ipecacuanha, and vomited four times; some bile; no dejection followed. From a suspicion that the disease might be in the head, she was put on a course of calomel. On the 23d she was disposed to doze; her pulse 90; tongue dry in the centre; feet cold much of the time. The afternoon previous she had a febrile paroxysm. She was slow in answering questions, and often groaned and sighed. In the night she had some delirium.

24th, catamenia, without relief; mind more dull; pulse 72; some delirium in the night. 25th, gums sore; reports better; pulse 72. The calomel was omitted. 26th, appeared more bright. 27th, less well. Has complained much of headache, and of pain in the right eye, especially when it is exposed to the

light. Says that this eye has at times a sensation in it as if exposed to lightning. Some strabismus was noticed this day. Pulse 108; mouth more sore; bowels have been kept open. She was purged, had four ounces of blood taken from the left temple by cupping, and was blistered on back of neck.

28th, she reported that she felt relief from the cupping, and still more since vesication, and that she could now see best with the left eye. Cup the right temple.

March 1st, more comfortable through the day and night preceding. Vision more perfect. Some pain in the ears. Asked for milk porridge, and some milk was directed to be added to her gruel.

2d. Complained of weakness, and of increased soreness of the mouth and throat, though she has not used any mercurial medicine since the 25th ult.; pulse 108. March 3d, less well in the night; complains of pain in the stomach; pulse 132.

5th. Mouth grows daily worse; tongue much swollen, so as to prevent speech; pulse 132; stupor quite gone; vision natural; pain in ear continues, perhaps from soreness of throat.

8th. Mouth the same; some slight pain lingers about the left eye and forehead. 10th, whole aspect better; got a little milk porridge. 11th, not quite so well as to head and vision. 13th, appeared nearly the same. It was thought then, and for several days before, that the affection of the head had subsided very nearly, if not entirely, under the severe saliva-

tion she had experienced, and which had not yet ceased.

At 5 P. M. this day, I was called to her, and found her in extreme agony. Her mind was clear; her face very pale and much shrunken; her skin cold, and her pulse extremely rapid and feeble. Her suffering was referred to the right groin, and the corresponding extremity. The whole thigh, leg and foot were greatly swollen, and very tender to the touch; but neither hot nor discolored, except from distension of the veins. Extra clothing was grateful to the limb. She had begun to complain at 1 o'clock P. M. and was soon in great distress; had great thirst, some nausea and vomiting, and frequent fainting. On inquiry it was now ascertained that she had suffered some uneasiness in this limb the day previous, and this morning, but had said nothing about it at the visits. The following course was decided on, under the belief that the principal difficulty was near the groin, and that it was very probably inflammation in the iliac and femoral veins, viz. Sixty leeches about the groin; a large blister on the upper and inner part of the thigh; and opium in full doses, till she should be relieved from her agony. Venesection was forbidden by her previous weakness, and the present state of the pulse.

14th. After the leeches and four or five grains of opium, she obtained some relief from her extreme agony. The thigh was now, 9 A. M. somewhat less tense, but the leg and foot remained the same.

She has hiccough, and her pulse are not better. The appearance of extreme prostration also continues. Apply forty leeches. Vesicate the thigh on the outside. Cathartic; fomentations. Opiate, if distress be great. Wine, or brandy, p. r. n.

5 P. M. Pain in both sides of thorax, since last report; frequent deep sighs and groans. Pulse scarcely perceptible. Vomited part of cathartic, infus. sennæ comp. but retained about four ounces; countenance exceedingly sunken; skin cold; jactitation.

Cerat. cantharid. seven by five, across lower part of chest. Foment leg, as before. Acet. opii, gtt xx. at bed time, if distress be urgent.

15th. Rather more comfortable; slept some without opiate. Pulse as yesterday at wrists; by carotids 156. One dejection after enema, with much flatus. Calf of leg now most painful. Hiccough continues. Swelling of tongue gone; tongue cleaner, moist; swelling at inner and upper part of the thigh subsided. Vesicate inside of leg; embrocation to whole limb; enema once in every four hours, until bowels be well opened.

4 P. M. One dejection, copious, since enema.

16th. Some amendment. Pulse 130, fuller. Leg less swollen, softer, œdematous, upper part of thigh very tender on pressure. Tenderness not above Poupart's ligament; has vomited twice. No dejection since report. Repeat enema.

17th. Lying on left side, breathing slowly; has

vomited five or six times; hiccough less; countenance and lips less pale; has had three enemata, none of them retained; no dejection; skin still cold; urine five or six times, involuntary; two hours sleep last night; upper part of thigh more tender; foot more swollen, pitting on pressure. No pain in abdomen.

18th. Short exacerbation of heat about 1 P. M.; afterwards some chill. Three enemata, one small dejection. Pulse 124, small, feeble; flush on left cheek; brown coat on tongue; mouth again more sore; leg rather more swollen. Has taken tincture of myrrh and aloes in small doses, and tinct. op. for pain. Limb more swollen, but œdematous. The whole limb tender, suffering from slightest touch. Urine sufficient, voluntary; no hiccough. Magnesia was directed, to be aided by enemata. Annoyed by blisters, which have suppurated.

19th. Seven dejections, without enema. Stomach altogether relieved. Slept better than any preceding night. Pulse 120. Countenance pale, but calm. Tongue as before; some slight disposition for food. Limb evidently diminished in size.

20th. Report of this morning still better than preceding. Asks for meat; is allowed to chew some. Bowels well.

21st. Reports favorable. Desired soft egg; had one, and was not at all incommoded by it. 22d. Rather more swelling about leg and foot.

23d. More pain in leg and foot since yesterday noon. No dejection.

℞. magnesiæ drach. un. Repeat in six hours if need be. Ten leeches to leg.

24th. Limb not relieved. Countenance improved. After one dose of magnesia, three dejections. Pulse 120, fuller. Says worst pain is now between hamstrings under the knee, but that the leg also throbs, and feels as if pins were sticking in it. Leg found more swollen on examination; no pitting above the knee; blisters nearly healed.

Cerat. cantharid. 6–4. to lower part of leg. Keep blister on six hours, then remove it, and apply it again in the morning, if not relieved or vesicated.

25th, 9 A. M. Some relief from blister; limb slightly vesicated. Pulse 144, small, feeble; skin warm. One dejection. Vomited breakfast. Stomach now easy.

11 A. M. About fifteen minutes since, vomited two ounces of a grass green liquid, followed by sense of choking at top of trachea, and great distress. Face pale; brow contracted; respiration high and full; deep sighs; great jactitation; pulse fluttering; sense of suffocation seeming to pass down, according to patient, to epigastrium. She rose suddenly on end, and shrieking, fell back, and expired without any struggle.

Examination.—*Post Mortem.*

The body was examined fortyeight hours after death. In the *cranium* there was found some water

between the membranes, but the quantity was not large. The brain was firm, and very healthful in its general aspect. In the posterior lobe of the left hemisphere, was found a portion changed by disease. It might be called an abscess. Externally, a portion of the cortical part was changed in appearance, as if it had undergone a little decay; or, as if a little pus were diffused through its substance. The outline of this portion was distinctly marked, the surrounding parts seeming quite natural. In length it was nearly an inch, and its average breadth was about half an inch. The change pervaded the cortical substance. The medullary substance, immediately under it, was diseased to a much greater extent. The change in the color of the cortical part did not extend through the medullary substance, for after cutting through a small thickness of this last, there was found a cavity. This cavity extended to the posterior part of the lateral ventricle, and apparently communicated with it; but possibly the communication was formed in the handling and dissection of these tender parts. The cavity was obviously formed by disease, though its parieties were found lying upon each other without any distending fluid like pus or serum between them. Some such fluid, however, might have escaped during the dissection; but it could not have been pus, as this would have declared itself by its color, and some of it would have been seen adhering to the internal parieties of the cavity. It might have been serum, of which some was found in the ventricles. The cavity

might have held one or two drachms of fluid. Its internal surface was white and soft, presenting an appearance of thick cream. This softened mass was perhaps a line or more in thickness. Regarding the medullary substance as fibrous in its texture, one might have supposed that the cavity was formed by a division of fibres at this part, and that the divided ends of the fibres had undergone softening. Around the borders of the cavity were several masses of a brownish red color, seeming to be portions of semi-coagulated blood, contained in circumscribed cavities.

In the *thorax* there was nothing remarkable. The heart contained rather less blood than usual. This blood had coagulated, and some of the coagulating lymph had separated from the red globules after the common manner.

In the *abdomen* the only thing remarkable was in the *right iliac vein.* This was found to be inflamed from the vena cava to the crural vein. The disease did not extend to the internal iliac, but from the common iliac it only passed to the external branch. The evidences of inflammation were, *First*, the hardness of the vein, and its distension in a greater or less degree. *Second*, on division, the coats were found thickened. *Third*, the internal coat was of a deep red color, approaching to livid. *Fourth*, the diseased part was almost entirely filled with coagulating lymph.

At the upper part, just below the vena cava, this lymph was cylindrical in form, and nearly pure, for the length of three fourths of an inch. This portion

was so shrunken as not to fill the vein, and its upper end looked as if a portion might have been broken off from it. The coats at this part were less diseased than elsewhese. Below this the vein was filled with coagulating lymph, which adhered closely with the vessel, being, as it were, glued to it, not organized. The lymph, there filling the vein, was not pure, but slightly reddish, from the mixture of red particles, and in one small part, midway from the vena cava to the crural arch, there was a little dark coagulated blood. The disease extended a very short distance below the arch; but the vein below that, and its principal branches, were found hard and large from the presence of coagulated blood. The coats in these parts were not thickened, though discolored, probably from the blood.

The circumstances mentioned explain the symptoms in the early period of the disease, and the swelling of the lower extremity, in a very satisfactory manner. But they do not explain the sudden death; nor the symptoms immediately preceding it. It was conjectured that this might have been occasioned by a portion of coagulum detached from the vein, and occasioning some obstruction in the heart or in the pulmonary vessels. But though this hypothesis was kept in view during the dissection, nothing was discovered to corroborate it. The windpipe was examined, as the sense of choking was one of the greatest complaints before death, but this part was found in a sound state, and empty as usual.

Case II.

1829. Sept. 25th. This patient, Isaac Sole, aged twentyone, presented the following symptoms when I first saw him, this day. Great difficulty in breathing, accompanied with a grunting sound; acute pain passing from spine to lower part and right side of thorax; great tenderness of chest, preventing percussion; by stethoscope, respiration noisy, crepitous; uses left side of chest principally in respiration, and moves the trunk after a manner to favor the right side; pain in side came on last night, and is now more intense than since occurrence. Pulse 84, hard, strong; face deeply flushed. Says he was attacked with ordinary symptoms of fever a fortnight since, but was not obliged to confine himself to house till a week ago.

The treatment consisted in blood-letting, vesication, and powders of colchicum root, and calomel. Much relief followed, which continued till 8 A. M. of the 26th, when severe symptoms, like those just described, came on again. This was about twentyfour hours from the beginning of the treatment yesterday. The attack was sudden, and the pain in the right side was as intense as before. A full dose of tinct. op. was given immediately, which was soon followed by entire relief. Vesication near the spine of the affected side was ordered, and a continuance of the colchicum and calomel. I saw this patient at 9 P. M.; found

him easier, and that he had been freely purged by the powders; the dejections contained much blood. This last is not an uncommon effect of colchicum, but took place earlier during its use than is usual. The directions were to omit the powders if the bloody dejections continued, and to substitute pills containing calomel, opium, and tartarized antimony. If pain in chest recurred, to repeat the opiate, and to resort to venesection if indicated.

27th. The colchicum was omitted, and the pills given. Dejections still bloody, but less so; respiration perfectly easy; no tenderness, or uneasiness of any kind in the abdomen. Pulse 80, softer. Tongue dry, brown, rough. This has been its state more or less from the beginning. Skin warm, dry.

28th. 9 A. M.* Two dejections last night, one of them a little bloody. Slept but little. Pulse 84. Skin warm; face less flushed. Had chill this morning, and, following it, most acute pain in right leg. Upon examination, whole limb greatly swollen, tense, shining, not discolored; the least motion of the limb causes exquisite suffering. Pain most acute just below, or begins at Poupart's ligament, following the course of the femoral vein. Examined by pressure; great tenderness in groin, and acute pain, and enlargement of inguinal glands. Following the course of the vein with the finger, the pain becomes less about four inches below the ligament. Acute pain in calf

* The reports in this, the preceding, and succeeding case, are made between 8 and 9 A. M. and relate to the occurrences of the preceding day.

of leg, and on top of foot, scarcely bearing any pressure; slight pitting on instep.

Sixty leeches to groin and course of vein; afterwards vesicate upper part of thigh, and apply hot fomentations to the rest of the limb. Continue the pills.

6 P. M. same day. Two dejections, without blood. Day has been comfortable. A few minutes since was seized with most acute pain in right side as before; says it followed immediately after swallowing a mouthful of cold water while taking a pill. This was just before my visit. He is bathed in sweat; pulse 96, small, sharp. He got at once 60 drops tr. op. in warm tea, to be repeated in half an hour, unless relieved. Venesection if not relieved in an hour after second dose. Hot fomentations to seat of pain. He described the pain as beginning near lower edge of right scapula, extending forwards below pap, and ending at sternum. In this whole course surface exquisitely tender, not bearing the least pressure; respiration high and rapid, ending with strong grunt. Since leeches, &c. to groin and leg, great relief of pain. Bears moderate pressure on groin, and along the portion of vein, which was so painful on pressure; now no pain complained of there. Calf of leg very stiff; no increase of swelling in the limb; can bear it to be moved a little. No tenderness or pain in any part of abdomen.

29th. Pain in side and dyspnœa entirely relieved by opiate and fomentations. More tenderness in

groin and thigh. Sweats profusely. Tongue dry, but less brown.

Fifty leeches to seat of pain in groin and limb. Continue other treatment, and resume opiate, and vesicate side, if pain recur.

30th. Pain twice in side, but relieved as before. Pulse 84, softer. Leg reported much easier than at any former period, but not all diminished in size; can move the limb, and thinks he could bear his weight on it, or get out of bed without help. Some pitting over tibia. Bears pressure in course of vessels of thigh and over abdomen without complaint. The whole limb was very sensible to cold yesterday, and this continues today; can hardly bear the clothes to be raised during examination. Bowels regular; mouth not sore. To continue pills, &c. and apply leeches if pain recur.

October 1. Gums sore; five dejections, loose, painful. Tongue cleaner. Pulse 84, stronger and fuller. Thigh less tense, smaller; some pain in calf of leg on rising.

Forty leeches about thigh and groin. Diminish pills to three a day; if mouth gets more sore, omit them.

3d. Diarrhœa increased, and was diminished by Tr. op. This morning severe chill, with universal rigor, chattering of teeth; rapid respiration; pulse 120. For these got Tr. op. in warm tea, and was speedily relieved. Mouth quite sore; some ptyalism; omit pills. Thorax was examined by stethoscope and per-

cussion. Over seat of pain sound flat; respiration not heard; near this spot crepitous rattle. Vesicate this spot. Slight cough. Diseased limb decidedly smaller, and bears full pressure over seat of vein.

4th. Altogether more comfortable. Slight sound of respiration in spot in which it was not heard yesterday.

5th. Pulse 75, full. Tongue nearly clean. Mouth very sore. Two dejections. Rested well. Side free from pain. Diseased limb bent, and less swelled.

6th. Lying easily on left side; day and night very comfortable. Pulse 72. Tongue clean. Three dejections.

5 P. M. Pulse 84, hard, weak; increased pain in and about groin in course of vein.

Thirty leeches to seat of pain.

7th. Limb easier since leeches; still painful, and more tender on pressure. Delirious in night.

Twenty leeches to thigh in course of vein.

8th. Delirium through day and night. Some sleep, but not quiet. No cough; no expectoration. Complains only of back; this sore from lying. Pulse as before. Tongue dry; mostly denuded; slight crust near tip. On percussion right thorax flat below fifth rib; left resounds well. On right side murmur of respiration wanting below fifth rib; above this slight crepitating rattle. In groin less fulness, and less tenderness; some tenderness below groin in course of vein, but less than before.

Leeches, if pain about leg, and blister if elsewhere.

This patient gradually recovered from the disease of the leg, occasionally suffering from increased pain and swelling, but never so severe as to require more active treatment than fomentations. He got out of bed on the 14th without assistance, and was able to be dressed, and sitting up on the 22d. He was for some time annoyed by a cough, with bloody expectoration, and occasional attacks of pain in the right thorax. He walked about his room on the 22d. His appetite rapidly returned, and even when the thoracic symptoms made abstinence necessary, his hunger was great, and with much difficulty appeased. He had swelling of the ancle and foot of the affected limb for some time after the disappearance of active disease, for which bandaging was remedial. On the 25th October he began to complain of pain and swelling in the right arm, making motion very difficult. This subsided under the use of fomentations. A tumor of some size appeared on the 15th, in the right ham, which gave way to leeches and embrocations. On the 4th December, he was reported well. He had ceased to employ medicines for some weeks before, but as his disease had been a most severe one, it was thought safest for him to be watched, and a cautionary course pursued to prevent its return.

Case III.

E. B. Cutter, aged twentysix. Jan. 17th, 1830. Says he has been unwell ten or twelve days, with pain in head, back, and shoulders, with bad taste in

mouth. Gave up work the 15th. Chills on that and succeeding day, yesterday. Complains now of headache, pain in back and shoulders as before, but not very severe. Tongue has thin white coat in centre; edges clean; bad taste; great thirst, not without appetite; and has sense of faintness at stomach. Pulse 108, hard. Sleeps tolerably well; face flushed; skin generally cool. These symptoms continued, with variations in degree, for some time. At times the pain in the head was very severe; the mind dull; memory uncertain. He had bloody dejections at one time; was much annoyed by dysuria; episaxis occasionally; cough; dyspnœa; expectoration at times bloody. His front upper teeth have much troubled him; they were frequently very painful, discharging from gums much pus and blood. They were injured by a fall from a stage coach late in November; and though the fall was severe, he does not recollect that his head was at all injured; at least pain was not felt in it till the time above stated.

He complained of soreness and stiffness in the limbs, Feb. 11th. The 12th, said these symptoms were confined to left thigh and leg, which upon examination were found swollen, last particularly below the knee, and exquisitely tender to the touch. Upon careful inquiry it was learned that slight uneasiness had been experienced in this limb for some days. His general state had been gradually improving. A blister was directed to the inner side of the thigh.

13th. Reports less pain and soreness in limb, and thinks they were less before vesication.

16th. Perhaps more soreness in and about groin; motion very painful.

17th. Fulness in groin increased; on pressure, many glands slightly enlarged; very painful on pressure, and in upper part of thigh in front; at this part limb swollen; below middle of thigh swelling and pain subsided.

Leeches to groin.

18th. No difference in pain about groin and thigh on pressure; tenderness in upper part of thigh and groin; the feeling there as if of cords.

Vesicate groin and thigh.

To 27th, reports gradual amendment. On this day more pain and swelling in limb, and feeling of cords extending from groin down a part of limb very distinct.

Leeches as before.

28th. Great relief since leeches.

March 4th. Sits up, and can support some of his weight on diseased limb. 7th, some increase of pain, which subsided after an active cathartic; and from this time he gradually recovered.

Case IV.

April 29, 1829. Mrs ——, aged thirtyseven, mother of six children. Has not been well last months of pregnancy, greatly annoyed by vomiting and pain in the uterus, especially at night. Occasional discharges of water from vagina. Heat at times great; is restless, thirsty. Was seized on 25th instant with

unusual affection of brain; top of head numb; could see only half of an object to which she directed her eyes, half of a letter for instance in reading, half of a person, &c.; was leeched freely in temples, with relief. Is plethoric; very fleshy; cannot be bled from arm; faints when arm is tied up, or before a vein can be opened. Diet has been carefully attended to; bowels kept regular by medicine; and nitre, Clutton's spirit, &c. have been taken with a view to diminish heat, &c.

Labor took place on the night of the 29th. I saw her at 3 A. M. Pains regular, but not urgent. Os uteri dilated, about size of a sixpence. Scarce any show. Membranes broke suddenly during a pain, and at a little past 6 A. M. the child, a full sized male infant, was born. Abdomen, examined immediately after the birth, is large, firm, as if delivery had not taken place; examined, the arm of another fœtus was felt presenting, and was at once protruded through the external organs by a very severe pain. When the pain subsided, I passed my right hand with much ease into the uterus, gained the feet, and turned and delivered the child, a full sized male infant, without difficulty, and with little more suffering to the patient than in ordinary labor.

This patient continued very well, the lochia natural, and milk in the breast, till the morning of the 2d of May. I was called to her between 6 and 7 A. M. and found her suffering a very severe rigor, attempting in vain to control the shivering with her will;

voice tremulous; face anxious, pale; lips livid; skin is warm, and in some parts hot. Reports her night to have been unusually good; slept soundly till an hour and a half since; then awoke with severe pain in the lowest part of the abdomen, and was soon seized with chill. Pulse 120, strong, hard. Fomentations have been applied to the abdomen, and bottles of hot water to feet and legs. Upon examination, the pain is found deep seated in the pelvis, beginning within the right ilium, and shooting in various directions through the pelvis; it is also felt in the left hypogastrium, extending to the groin, and down the thigh. She has pain in the forehead, but not very severe.

In treating this case, an attempt was made to bring about immediate resolution. The symptoms were very severe, but they had very recently manifested themselves. She was bled; a vein filled unusually well, and the mind was so occupied by suffering, and apprehended danger, that there was no disposition to faintness at the beginning of the operation. About twenty ounces of blood were drawn from a large orifice and good stream, when faintness came on, and the blood ceased to flow. Much relief was experienced. The local symptoms were diminished, and the force of the pulse lessened. Its frequency was not much altered. The following was next directed.

℞. Antimon. Tart. gr viij aq. bullient. unc. un. cap. statim drach. un. et rep. quaq. hora donec. vom.

12th, noon. One drachm of the solution produced much nausea and vomiting. Pulse still as frequent;

pain increased, but less than before blood-letting; it is most severe about and within left ilium, and about groin and thigh; cannot extend right limb.* Examined abdomen again, and found the uterine tumor large, hard, and exquisitely tender. This was not felt at the morning visit, though carefully felt for.

Twenty French leeches about ilium, and apply a chamomile fomentation over whole abdomen. Frequent loose dejections; nothing is given to check them, as relief follows each discharge, and there is no present exhaustion.

7 P. M. More comfortable; has slept since visit. Pain diminished, but still felt low in the abdomen. Twenty leeches to seat of pain; vesicate; and afterwards one of the following, and repeat every four hours.

℞. Hyd. Sub mur. gr. xij Antimon. Tart. gr. i. pulv. opii. gr. i. M. divid. in Pil. no. iv.

11 P. M. Much griping; bearing down; heat and general uneasiness. Frequent, small, watery dejections. Says blistering always annoys her; feels fatigued from application of leeches; urine free, though complains of dysuria. Begs not to be touched. Pulse 100. Gave laudanum with Clutton's spirit, and applied fomentations to blistered surface.

May 3d, 1 A. M. Was called to see patient; found her very uncomfortable. Complains of great distress, not acute pain, at lower part of abdomen. Pulse 96,

* I saw this lady today, July 22d, 1830. She is in the fifth month of pregnancy. I asked her if she had experienced any pain in the right limb since her recovery. She said that up to this time she occasionally feels pain in the part, and is reminded by it of her former suffering.

softer than before. Repeated laudanum, &c. Gave another pill of the submuriate. Patient was soon much relieved; profuse sweat, warm, general. Asked for friction over sacrum and thighs; much relieved by it.

7 A. M. Asleep; has been asleep two hours. When awake, expressed herself much refreshed; no griping; abdomen easier than at any former time of the disease; very little pain, and that scarcely augmented by pressure; uterine tumor not to be felt; abdomen every where soft, and not at all tumid. Pulse 84, soft; reports better than at any other visit; can extend right limb, and lies in this position easily; whole aspect much improved.

The remainder of the week is filled with daily amendment. 13th, walked a step or two. Some milk in the breasts. June 1st, health established, but the milk has entirely disappeared.

The foregoing are communicated as cases of Inflammation of Veins, a disease which has, within a few years, excited much interest in the profession. About the first no question can arise. Its nature was fully declared by the symptoms during life, and the opinion then formed was abundantly confirmed by the appearances after death. I regret that there has not been time sufficient since I determined to communicate this paper, to make an engraving of the diseased veins which are in my possession. This patient suffered two grave diseases at the same time. A disease of the brain preceded that of the veins some time,

even months, if the statement of the patient is admitted in evidence. The question may occur, whether the appearances observed in the brain after death were occasioned by the disease in the head, for which this patient first came under treatment? or were they Secondary Effects of Inflammation in the Veins? The latter question contains the title of a very able article, by Mr Arnott, in the fifteenth volume of the London Medico-Chirurgical Transactions. I am inclined to ascribe the appearances in the brain to the disease which manifested itself there some time before the limb became diseased. Mr Arnott has furnished abundant evidence that such disease might have accompanied, or been produced by the phlebitis; but the order of time, in the above case, does not seem to me to allow us for a moment to suppose that the softening and other disease of the brain was an effect of the inflammation of the veins.

Death took place suddenly in this case, and after changes had occurred, which promised a different issue. The disease, in like manner, was sudden in its invasion. In the latter of these circumstances, this case resembles many others of phlebitis on record. In the suddenness of the fatal symptoms, it resembles one in Dr Davis's paper, in the twelfth volume of the Medico-Chirurgical Transactions. In Dr D.'s case, symptoms of puerperal fever preceded those of phlebitis, or, as Dr D. terms it, phlegmasia dolens. The treatment was successful. In about a week after it was begun, "she convalesced rapidly

and satisfactorily." "Her death took place *instantaneously*, whilst in the act of changing the recumbent for a sitting position, in the expression of a little merriment at the expense of something ludicrous which her waiting woman had said to her, and in about an hour after the enjoyment of an unusually full dinner." Examination after death discovered that every part examined was in a natural condition, except "a part of the left external iliac vein, including about half an inch of the upper portion of its corresponding femoral vein. That vessel was found strongly attached by adhesions of its cellular coat to the parts forming its natural bed. Its parietes still retained a morbid thickness, and its internal tunic was studded in several places with deposits of adherent lymph. The portion most remarkable for this incrustation, and otherwise most diseased, was the part of the vein immediately under Poupart's ligament. The appearance of that part is yet well preserved in the preparation, and forms the rough scabrous portion of it. The tube of the vessel was still manifestly pervious, though it had suffered a diminution of capacity, amounting to, perhaps, one half of its natural diameter. The inguinal glands were not diseased. The right iliac vein was in a perfectly healthy state." op. cit. p. 435.

The second case above reported was alike sudden in its invasion and violent in its character with the first. It occurred amidst other very severe general disease, and had complicated with it in its course very formidable disease within the thorax. If a doubt

can arise as to this being a case of phlebitis, I know of nothing to sustain it but the fact of recovery, a rare thing in this disease in any of its forms, and surely hardly to have been looked for in one so severe as this. For relief of the attacks in the chest the principal means employed was opium. It was given with a view to the relief of the present exquisite suffering of the patient; and from recollecting how copiously blood-letting and other means had been tried not long before, I felt persuaded there was no hazard in trusting to it. I am disposed to think that the longer we practise physic, the more we see of disease, and of the effects of remedies, the freer and earlier in cases is the use we make of opium. I have very recently been struck with its good effects in cases of extreme pain, which wanted the characters which govern us in the use of this article in other diseases. One of these was a vigorous young man, who came under my care for fever. When I saw him, along with febrile symptoms, he had acute pain in the abdomen, about midway between the false ribs of the left side and crest of the ilium, about two hands breadth from the *linea alba*. Breathing aggravated the suffering, and the least motion of the trunk produced an outcry of agony. Full blood-letting, to thirtyfour ounces before syncope, fomentations, vesication and colchicum were tried, with directions to resort to full doses of Tr. opii. if pain was not relieved. It was not till the last was tried, and its use was deferred for some hours to give the other means a

fair trial, that this man got relief. A similar affection soon after seized the left thorax, and top of the left shoulder. The suffering was equally severe. Very little relief was obtained until opium was again freely used. Recurrences of pain have been frequent since, with similar benefit from the remedy. Of late his whole treatment has consisted in pills containing three grains of solid opium, and he is entirely convalescent.

Another case was of a lady after confinement.* She appeared to be most perfectly healthful at the time of labor, but betrayed after delivery, as I learned, great irritability. I was called to see her five days after confinement, and found she had been almost continually watchful since that event. She had been seized with chills on the morning I was called, and I found her with a pulse of 152 in the minute, small; abdomen full, as if she had not been confined; tender on pressure, especially over the uterus, which remained very large, and hard. Her greatest suffering was in the right thorax, almost preventing respiration; the *slightest motion* occasioned her to cry out with the agony it produced. The skin was warm and bathed in sweat; the tongue was clean and moist; the expression of the face was peculiarly brilliant, when absence from suffering occurred—that expression which belongs to a highly, but pleasurably excited mind, and, from its resemblance to some varieties of

* The labor was preternatural, but was completed in less than twelve hours, and with no more suffering than a previous confinement. I saw this patient, out of town, in consultation, and did not see her again till called the fifth day from her delivery.

the maniacal countenance, I could not but ask the nurse, if there had not been delirium the night before. It belonged to the state of watchfulness probably, which had existed so long, and which had not yet produced exhaustion.

The treatment of this case consisted in full opiates at first, combined with Clutton's spirit; and fomentations to the whole abdomen of chamomile flowers, in bags of flannel wrung out of hot water. To these were to be added, as soon as relief occurred, pills of calomel, opium and tartarized antimony, in combination. Leeches to the seat of pain, and vesication, if the above did not produce relief. At bed time a full opiate was directed, unless sleep.

The next day I found this patient greatly, I had almost said entirely, relieved. Her sleep had been very sound, and when she was roused to take a little nourishment, she hardly recovered consciousness enough to swallow it. The pulse was 96, soft. The bowels were free; abdomen less full; still a little tender over womb. The lochia are natural; and the breasts are full of milk, as they have been since confinement. This patient suffered similar paroxysms, the seat of suffering being different in them all. The last was in the left thorax and top of left shoulder. They yielded to the fomentations, and laudanum, except the last, which not yielding as soon as the others, a large blister was applied, with relief, over the greater part of the thorax. In the first attack, the right hip and upper part of thigh were very painful, especially on

motion. No swelling, or tenderness on pressure could be discovered, and the symptoms soon disappeared. On the nineteenth day from labor, and the fourteenth from the attack of severe disease, this patient was fully convalescent. She had been very comfortable for many preceding days.—This resembles some cases lately published in London by Dr Robert Lee, which will be more particularly referred to hereafter.

The third case was very mild. It hardly seemed that so severe an affection as phlebitis could exist in a degree so slight as not to produce more notable effects. The symptoms however are considered sufficiently characteristic to warrant the short record which is given of the case. Similar mild cases may be met with in writers who have treated of the disease.

I have added the fourth case, from its resemblance to a disease described by Dr Robert Lee, in his truly valuable paper in the second part of the fifteenth volume of the Medico-Chirurgical Transactions.* This disease is inflammation of the uterine veins. On this subject Dr Lee observes, "Recent experience has induced me to believe, that uterine phlebitis is of far more frequent occurrence than has yet been suspected, and that to it must be referred many of the fatal disorders of puerperal women, which have usually been comprehended under the vague designation of

* Pathological Researches on Inflammation of the Veins of the Uterus, with Additional Observations on Phlegmasia Dolens, by Robert Lee, M. D. Op. Cit. p. 369.

puerperal fever or peritointis." p. 405. I shall have occasion to recur to Dr Lee's communication by and by.

The disease which forms the subject of this paper has an interest to the physician, aside from what belongs strictly to itself. It has within a few years been identified with another disease, with which it has certain symptoms in common; this disease is *phlegmasia dolens.* The identity of these diseases was first promulgated by Dr Davis, in his communication already referred to. It would seem that till the time he wrote, with the exception of the celebrated case of Zinn,* no dissections had been made in cases of phlegmasia dolens,—(Hull, a very learned and well known writer on this disease, spells it phlegmatia.) It is not however solely for the sake of proving the identity of these diseases that these post mortem examinations are brought forward by Dr Davis, but for the more important end to show that the true pathology of phlegmasia dolens has hitherto been unknown; to prove, in fine, that this disease is not produced by a metastasis of the lochia, the doctrine of Muriceau; of the milk; that of Puzos, by inflammation of the lymphatic organs or system; or White's doctrine; of all the textures of the limb, excepting perhaps the blood vessels, that of Hull; but to prove, or at least to attempt to prove, "that the proximate cause of the disease called phlegmasia dolens, is a violent inflammation of one or more of the principal veins, within

* Comment. Soc. Reg. Sc. Götting. tom. 2.

and in the immediate neighborhood of the pelvis, producing an increased thickness of their coats, the formation of false membranes on their internal surface, a gradual coagulation of their contents, and occasionally a destructive suppuration of their whole texture, in consequence of which, the diameters of the cavities of these important vessels become so greatly diminished, sometimes so totally obstructed, as to be rendered mechanically incompetent to carry forward into their corresponding trunks, the venous blood brought to them by their inferior contributing branches."*

Dr Lee, who has already been referred to, has written in support of the doctrine of Dr Davis. His first paper, entitled A Contribution to the Pathology of Phlegmasia Dolens, is in the first part of the fifteenth volume of the Med. Chir. Trans. Dr Lee reports five cases, all of which recovered. The first died from uterine hemorrhage twentyone months subsequent to the attack of phlegmasia dolens. Obliteratim, and other marks of disease, were discovered in the common iliac, its subdivisions, and upper part of the femoral veins, of the side and limb which had been the seats of the previous disease. In the second case, unequivocal marks of phlebitis, according to the author, were present; in the remaining three, though Dr Lee had no doubt that an inflammatory affection of the veins existed, yet, he remarks, "that degree and kind of swelling of the inferior extremity did not take place, which is considered to be characteristic of

* Med. Chir. Trans. Vol. XII. p. 426.

phlegmasia dolens."* It is not perfectly easy to decide to which of the diseases these cases, except the first, strictly appertain. The first was a case of phlebitis, as the symptoms indicated, and the examination after death proved. Three of the others at least are somewhat obscure. They wanted the characteristics of phlegmasia dolens; which fact, if this be identical with phlebitis, might, it would seem, separate them from the latter disease.

In the second part of the same volume, Dr Lee has a paper on inflammation of the veins of the uterus, from which an extract has already been made. In this paper, Dr L.'s views respecting phlegmasia dolens are further developed. The following quotations will give some notion of his latest published opinions. Speaking of the cases reported in his paper, fifteen in number, twelve of which were fatal, Dr Lee remarks, "Although these are the only cases of phlegmasia dolens, wherein the affection of the iliac and femoral veins has been distinctly traced to the venous system of the uterus, yet they would perhaps of themselves warrant me in drawing the inference, that the disease generally commences in the uterine veins, and that it is not a mere local affection of the limb. This general conclusion will, however, derive strong additional support from the following facts, which I adduce from the works of different authors."†

After giving these facts, Dr Lee goes on to say,

* Op. Cit. p. 145. † Op. Cit. pp. 391, 392.

"As none of the symptoms of phlegmasia dolens were present in either of these cases, and as neither pain nor swelling occurred in the left inferior extremity of the patient whose case I first detailed, though the common and internal iliac veins were both completely impervious, it would seem to follow, that it is essentially requisite to the production of the disease that the inflammation should extend from the iliac into the principal veins of the extremity. In all the examples of phlegmasia dolens which have come under my observation, this extension of the inflammation has been distinctly marked by increased sensibility, and by a hard and distended state of the femoral vein, from Poupart's ligament to some distance along the inner portion of the thigh."* Again, at page 399, "The mode of development and extension of the inflammation from the uterine to the iliac and femoral veins of the affected extremity, will be best understood by a concise statement of the principal facts relating to uterine phlebitis, *of which phlegmasia dolens must now be considered as merely one of the remote consequences.*"

The following is the conclusion, which Dr Lee draws from all the facts which he relates. "Such is a faithful relation of the facts, which have led me to conclude that inflammation of the uterine veins is a disease of frequent occurrence, not only subsequent to parturition, but in the malignant organic affections of the uterus, and that the extension of this inflam-

* Op. Cit. pp. 393, 394.

mation along the hypogastrium to the iliac and femoral veins, is the cause of all the phenomena observed in phlegmasia dolens."*

It is quite curious to observe the course which medical opinion has taken in regard to this doctrine of Dr Davis, and which is so fully advocated by Dr Lee. In Europe, both on the continent, and in Great Britain, it has been very generally, if not universally, received. In this country, on the contrary, I find no writer who has adopted it, and in conversations with many physicians, I have not found an individual who receives it.

Dr Hosack, in 1824, just a year after Dr Davis's paper appeared, published a valuable essay, entitled "Additional Observations," to an Essay on Phlegmasia Dolens, which was printed two years before.† These "Observations" are a critical examination of Dr Davis's theory, with a view mainly to its refutation. In 1829, Dr Dewees published an essay on phlegmasia dolens.‡ This is truly a very excellent and practical essay. Dr Dewees examines the various preceding opinions and doctrines with much fairness, and with a very just apprehension of their various merits. He rather favors the opinion of Hull, and his own theoretical views are summed up in the two following suggestions, after acknowledging that the

* Op. Cit. p. 432.

† Essays on various subjects of Medical Science. By David Hosack, M. D. F. R. S. L. and E. &c. 2d Vol. p. 233. New-York, 1826.

‡ American Journal of Medical Sciences, No. IX. Nov. 1829. Philadelphia, 1829.

pathology of the disease remains unsettled—" 1st. Be the affection seated in whatever tinue it may, its character is highly inflammatory. 2d. That in our opinion, that this inflammation occupies exclusively the white lymphatic vessels of the cellular membrane of the several textures of the limb; for we are every way satisfied that redness is not necessary to inflammation, as we have elsewhere declared."*

Dr Dewees is thus wholly opposed to the doctrine of the identity of phlebitis and phlegmasia dolens. He urges one consideration, which must be allowed great weight. This is the frequent mortality of the first, and the rareness of death from the last. It seems strange that these facts have not been adverted to by those who have so zealously contended for their identity abroad, from Dr Davis to Dr Lee, the earliest and the latest who have urged their sameness. I took occasion some time since to ask an opinion on this subject of a physician of very extensive experience, and who holds a distinguished place in a medical school in a neighboring state. He said he had seen phlegmasia dolens as often, he thought, as falls to the lot of a physician of large practice; that he had never known it fatal. "So far from it," he added, "when I am attending a lying-in woman who has febrile symptoms, those of puerperal fever for instance, and I learn that a limb is swollen, painful, colorless, in short that phlegmasia dolens is present, I feel satisfied that she is safe, and freely express this opinion to her

* Op. Cit. pp. 83, 84.

friends." Let any one read Dr Hull's work on this disease, attend to his cases, and especially to their termination, and it seems hardly possible that he should arrive at the doctrine of its identity with phlebitis. In the time of attack; the suddenness of the attack; the violence of the immediate symptoms, and alike of those which were precursory; the frequency and suddenness of death; all these, and other like facts, seem almost conclusive against the doctrine which has found such able support abroad. While this opinion is thus freely expressed, let it be as freely acknowledged that the discussion of this subject, with whatever doctrinal views, has brought to light most important facts. The profession every where is largely indebted to Dr Davis, to Mr Arnott, and to Dr Lee, to Bouillard and Velpeau, for their laborious and faithful investigations of these diseases. It is to be hoped that the zeal and talent, which have been so liberally directed to this whole subject will be continued to it. I close this part of the paper with a single additional remark, and it is not an unimportant one. Whatever may be the strictly theoretical views in regard to the pathology of phlebitis, and phlegmasia dolens, however opposite they may be, there is no diversity of opinion respecting their practical indications. The great purpose of all who have written about them, in regard to treatment, is to subdue, by most active means, a disease, which, like phlebitis, has been so very fatal; and, by like means, to diminish and shorten the sufferings of phlegmasia dolens.

The occasional suddenness of death, and the great, I may almost say general, mortality of inflammation of the veins, have been mentioned in the course of this communication. The attention of pathologists has been very particularly directed to the cause of death in this disease. This question is an interesting one, and it has received a variety of answers. Mr Hunter, in his Essay on Inflammation of the Veins, published in 1793, suggests, that where the veins remain unobstructed, pus may pass into the circulation, and this concurring with the general affection of the system, may destroy life." In another place Mr H. remarks, "But what is the particular circumstance which occasions their death, I have not been able to determine; it may either be, that the inflammation extends itself to the heart, or, that the matter secreted from the inside of the vein, passes along that tube in considerable quantity to the heart, and mixes with the blood." Mr Abernethy, Mr Hodgson, Mr Carmichael, and Sir Astley Cooper, do not differ from Mr Hunter in their views of the subject. According to Mr Travers, there is a difference between the cases in which pus is secreted, and those in which lymph only is effused. In the first, the fatal symptoms are those of common hectic; in the second, typhoid fever is produced. Modifications of these opinions have been offered by Breschet, Bouillaud, Ribes, Guthrie, and Arnott. Mr Arnott, in his paper already referred to, has collected a vast number of facts, and communicated much that has come under his own observation. He has been led to

direct his attention very particularly to those diseases which arise in the course of phlebitis, and during, or in consequence of which the fatal effects of this disease so frequently manifest themselves. His paper is a most valuable body of morbid anatomy, touching the disease about which he writes. He has examined every organ in the frame with great care, described every morbid appearance, and placed upon permanent record the ravages of the disease. No part of the body has escaped its influences. The larger organs, those which are more immediately within the range of morbid sympathies, as the brain, the lungs, the liver, &c.—and parts differently situated,—if I may so speak, more remote, smaller, of various textures, and different functions, the eye, for instance, and the smaller, and larger joints,—all these parts of the frame have become seriously diseased in phlebitis, have manifested such disease during life, and have left unequivocal evidence of its severity to be discovered after death. The following extracts from Mr Arnott's paper, comprise its closing paragraphs.

"Such are the facts which have induced me to conclude, that the inflammations and diseases which arise in remote situations after *injuries*, whether of the extremities or of the head, or after the *process of parturition*, are attributable to the existence of phlebitis in the part of the body primarily affected.

"In concluding these remarks, the object of which has been to point out the relation between the primary and secondary affections in phlebitis, and to

establish the introduction of pus, or other inflammatory secretion, from the surface of the vein into the circulation as the cause of the latter, I have not felt myself called upon to advance any opinion as to the manner in which this cause operates, in giving to some of the secondary affections their peculiar characters,—I allude more particularly to the depositions of pus and lymph, unattended by those changes in the texture of the parts, which usually precede the productions of these fluids. I think it right, however, to state, that I must not be considered as regarding the matter deposited to be actually that which has been brought into the circulation from the inflamed vein or veins. The disease of the eye, in which pus is not deposited, and the affection of the joints, exclusive of other considerations, clearly prove that the question is no longer one of a translation of matter merely, but one which involves the very difficult subject of the pathology of the blood, especially the share which diseased changes in this fluid have in the production of those phenomena, which we are in the habit of comprehending under the term of inflammation."*

The question of the direct agency of phlebitis in producing death, still remains unanswered. Mr Hunter confesses his inability to decide it. Mr Arnott goes a step, and a very important one too, beyond his predecessors. But it may be still asked, how far his investigations of the secondary effects of phlebitis, so truly

* Op. cit. 123.

valuable as they are; do, though they carry us beyond the primary affection, bring us nearer to its true and whole nature. I have very recently met with some facts in regard to this subject, which seem quite new; and it would appear, that the observer was not acquainted with all that has been published in England relating to it. I refer to the observations of M. Dugés, Professor of Medicine in one of the French schools. M. Dugés has noticed depositions of a purulent fluid in the ovarian, or spermatic veins of the uterus in women, who have died of puerperal fever. A fact which had been announced by Dr Lee. But what is quite curious in these cases of M. D. is, that the pus could not be traced beyond those veins, which traverse the substance of the womb, and that the veins themselves were neither discolored, unequal in their caliber, or even thickened. He acknowledges, however, that he has in some other cases met with true phlebitis of the ovarian veins. A question arises as to the source of the purulent matter in the first mentioned cases. M. D. explains its presence in the veins, by absorption,—that it is secreted by the peritoneum which covers the womb, and it may be also by the cellular tissue, and that it is taken up thence by the veins. Here then is purulent matter in the blood vessels, and as no adhesions exist between the sides of the veins, this fluid must be intimately blended with the circulating blood. The only difficulty which presents itself here, is the fact that purulent matter should remain *alone*, (for no blood is found

with it in these veins,) in this portion of the venous system, when by the showing of M. D. no obstruction of the veins existed.*

The question of the cause of death in phlebitis has not been introduced here for the purpose of giving to it an answer. Let this be what it may, death takes place under circumstances of general disease and local lesion, quite too grave to leave any occasion for surprise at the event. Mr Arnott would seem to find a cause for the general disturbance, and local disease, in changes which the blood may have undergone, either from circulating in diseased vessels, or having mixed with it pus, or other morbid secretions from the veins themselves. It is altogether a subject of curious and very interesting inquiry. We divide, or tie up large arteries, in whatever situation, in some of the most common operations in surgery, but how rarely is there any inconvenience experienced from so doing? On the other hand, the smallest puncture of a vein, or a ligature passed about one, though done with the greatest care, and though the vessel be ever so superficial, may produce local disease, trifling it may be in extent, but which shall excite general, and remote local affections, of the most distressing and fatal character.

* Mémoire sur les traces cadaveriques de la Péritonite Puerpérale. Par M. Ant. Dugés, Professeur à la Faculté de Montpelliér. Jour. Hebdom. de Med. No. 70. Janv. 1830.

ARTICLE V.

PATHOLOGY OF CROUP.

BY A. L. PEIRSON, M. D.

Fellow of the Society.

The following fatal cases, occurring in my practice, in rapid succession, exhibit the morbid appearances occurring in this disease in a striking manner.

Case I.

Sept. 23d, 1829. A girl aged three years. Examination of the body eight hours after death. The larynx and trachea were removed, with the inferior part of the pharynx, and the whole contents of the thorax. On slitting up the trachea and larynx on the back part, the mucous membrane appeared covered with an exudation of lymph of a yellowish color, forming a complete factitious membrane. This appearance descended into the ramifications of the bronchia, although in these parts the false membrane was not so distinct. On cutting into the lungs, the ap-

pearance of the lymph in the minute ramifications of the bronchia was like that of *small yellowish worms*, which could be drawn out to the length of half an inch. The inferior lobe of both lungs was much engorged with blood, and nearly solid. The pharynx exhibited no mark of recent disease.

This child had sore throat, attended with tonsillar ulcers. The affection lasted a week, and disappeared under the topical application of nitrate of silver; immediately after which, she became attacked with the disease of the air passages.

Case II.

Oct. 22d, 1829. A boy, aged twentytwo months. Examination of the body sixteen hours after death. The contents of the thorax being removed, and the larynx and trachea slit open, a false membrane was found, of a thin and rather broken consistence, extending to the bifurcation of the trachea; below this, the bronchial tubes were found filled with a tenacious fluid, of the color and consistence of cream. Lungs healthy.

This child had catarrhal cough for some days, and on the 19th of October had a restless and feverish night. On the 20th, the cough was hoarse and laryngal, but his spirits, strength, appetite and breathing were good. On the night of the 20th, the breathing was slightly stridulous, and a profuse catarrhal discharge filled the fauces and nasal passages. On the 21st, the breathing was more stridulous, and

leeches and blisters were applied. The night of the 21st was one of great distress, almost approaching to suffocation. Partial relief was obtained by repeated emetics of turpeth mineral, and on the morning of the 22d the relief was nearly complete, so that he slept an hour without any sound in breathing. At noon the stridulous breathing returned, and was no way benefitted by leeches or emetics, vapor inhaled into the lungs, and expectorants of seneka, blood-root, &c. and at 5 P. M. he expired, without convulsions or struggles.

Case III.

Nov. 14th, 1829. A girl, aged twenty months. Examination of the body twentyfour hours after death. Pharynx, tonsils, uvula and back part of the tongue covered with a coating of white fibrinous substance, dense and easily peeled off, leaving the membrane it had covered of a deep purple color, and furnishing a complete mould of the shape of the parts. In the trachea, this same substance constituted a false membrane, dense, firm, and easily raised, but thin, and nearly transparent. It extended below the bifurcation of the trachea, but disappeared in the minute bronchial tubes. The lungs were perfectly sound.

I was first called to this child on the 9th of November. It was then restless, fractious, and had suffocating cough. On examining the fauces, the tonsils and uvula were found much swollen. A slight speck of a whitish substance was discerned on each tonsil.

This appearance gradually increased, till at length, at the time of the child's death, it covered the whole back part of the fauces. Bleeding, blistering, emetics and calomel were liberally used, with only palliative good effect. A solution of sulphuric acid, as strong as could be borne, was used as a topical application, and with the effect of lessening the tumefaction. The child died on the 13th, without convulsions.

Case IV.

Nov. 18th, 1829. A sister of the last mentioned child, aged three years and a half. Appearances on dissection, twelve hours after death.—The pharynx exhibited no marks of inflammation or apthæ. The larynx was lined with a dense membranous formation, of the thickness of common writing paper, perfectly smooth, and so firm as to be easily dissected from the whole inner surface of the larynx and trachea, so that I obtained a perfect tube of this substance, several inches in length. On separating this substance, which was closely adhering, the mucous membrane exhibited the marks of inflammation. Its polished appearance was entirely lost, and it was covered with bloody points, corresponding to similar points on the false membrane. This fibrinous substance extended into the ramifications of the bronchial tubes, and where this formation disappeared, a fluid was found of the appearance and consistence of thick cream. The lungs crepitated throughout, except the inferior lobe of the left lung, which was hepatized,

and presented on its surface the appearance of globular bodies of a yellowish color, not unlike miliary tubercles, which, when cut into, furnished thick pus. There was slight emphysema beneath the pulmonic pleura, an appearance I have observed to be not uncommon in the lungs of children who die with diseases creating a difficulty of respiration.

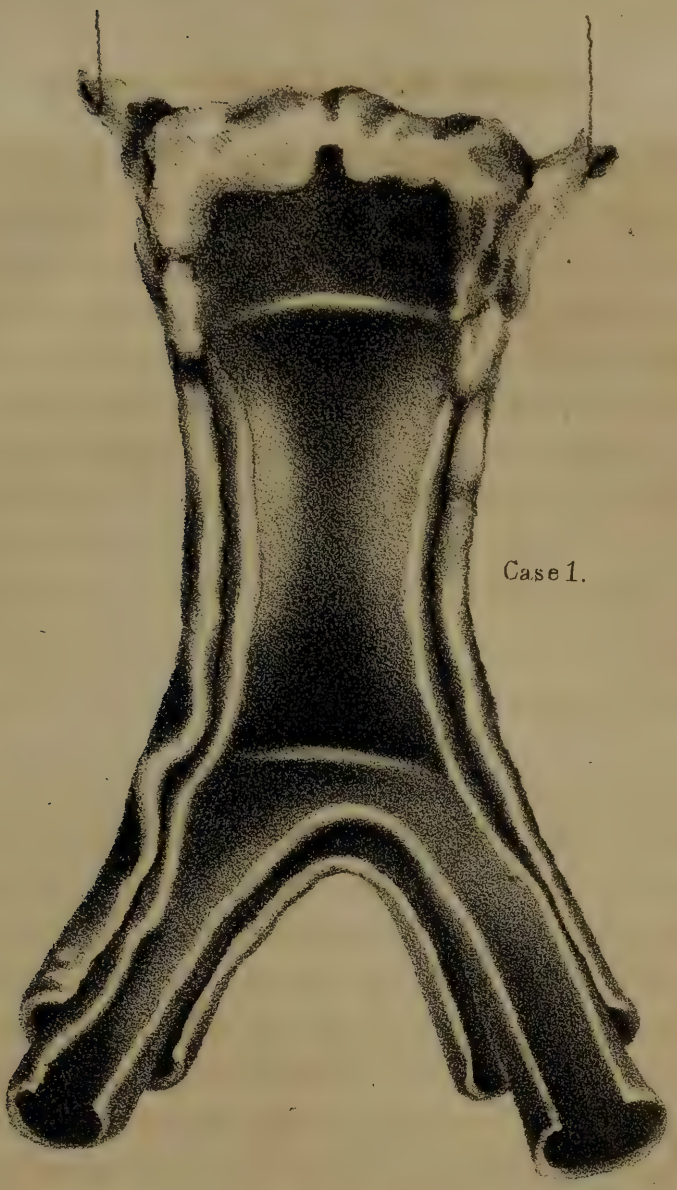
This child became affected with sore throat on the 12th of November, at evening. It had been feverish, and had hacking cough for a fortnight previously. On the 13th, the fauces were red, without white spots; and on the 14th, a small white streak was seen on each tonsil. This somewhat increased, and extended to the uvula, but was always readily removed by touching it with a bit of sponge dipped in diluted sulphuric acid. At this time there was cough, with a raucous laryngal sound, but no difficulty of breathing, or stridulous noise. The voice, however, was less audible, and the child *silent, and very unwilling to articulate*, a symptom, which, in diseases implicating the vocal organs, I have always found to be unequivocally bad. On the 15th, the breathing became stridulous, and this symptom increased till her death, at 10 o'clock on the evening of the 17th.

The false membrane of croup is not present in all cases, and hence it may be doubted whether the designation employed by Dr Good, Bronchlemmitis, will supersede future emendations of the name of this disease. A similar term was first employed by Michaelis, whose inaugural treatise, in 1778, "De An-

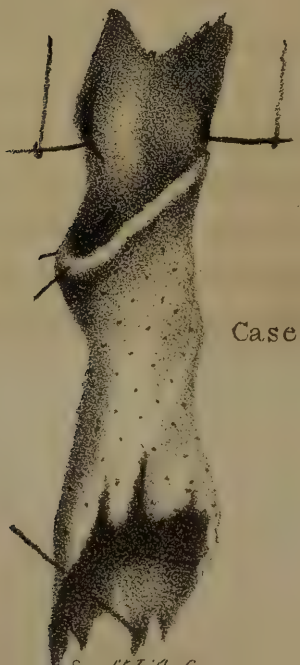
gina polyposa, sive membranacea," is a most learned and comprehensive summary of all that was then known on the subject. The polypus-like form, which the effused fibrine assumes, is more visible in the smaller ramifications of the bronchia. This appearance, as well as the tubular variety, is delineated in the plates to Baillie's Morbid Anatomy, (Fasc. 2. pl. 2.) The 1st and 2d figures of this plate, nearly resemble my preparations taken from Case I, and Case IV; but as these plates to the Morbid Anatomy are rare and costly, I have had the annexed drawing made of my own preparations.

ERRATA.

Page 74, 8 lines from bottom, for *Muriceau*, read *Mauriceau*.
7 lines from bottom, after *milk*, insert a comma. After *Puzos*, insert a semicolon. Next line, after *system*, insert a comma.
Page 80, 5 lines from top, after *In the time of attack*, insert *of the latter*.
16 lines from top, for *Bouillard*, read *Bouilland*.
Page 81, 4 lines from bottom, for *Bouillaud*, read *Bouilland*.



Case 1.



Case 4

ARTICLE I.

REMARKS ON PUERPERAL FEVER.

BY A. L. PEIRSON, M. D.
Fellow of the Society.

Among the morbid affections peculiar to the puerperal state, inflammation within the abdomen is among the most dangerous and dreaded. The complaint makes its appearance in a neighborhood only at long intervals of time, so that a practitioner may have become largely experienced in other diseases without having seen a case. This consideration, mainly, has induced me to offer a few facts and observations drawn from my own practice for the last two years. The opportunities of comparing the morbid anatomy of cases of puerperal fever with the symptoms in such cases, have been exceedingly rare, and to this is to be traced the great variety of opinions promulgated as to its proximate cause. Mr. Hey of Leeds, who records his want of success in the first cases which he treated, in the epidemic at Leeds, in 1809, with most frank and honorable fidelity, gives us no light as to the morbid appearances by a single dissection. His seven first cases were all fatal, and of his first fourteen cases three only recovered. After witnessing

some good effects from purging in the treatment of this eighth case, which was the first that recovered, and from perusing the treatise of Dr. Gordon of Aberdeen, Mr. Hey began to doubt whether the early and sudden sinking which occurred in these cases was evidence of a typhoid or putrid state, and ultimately used venesection and other remedies appropriate to inflammation with almost complete success.

The publication of Mr. Hey's book and some others which followed, gave a decided character to the treatment of puerperal fever. Peritoneal inflammation was for the most part looked to for explaining all the symptoms. Within the last few years, there seems to be a disposition to admit the occurrence of cases in which contra-stimulant remedies, especially bleeding are inadmissible, and that there are numerous cases of a mixed character in which great caution must be used in applying debilitating remedies, although they may be required to a certain extent. The recent works of Marshall Hall, and Dr. Gooch upon the diseases of females are exceedingly rich in discriminating details. But the treatment of the disease, especially in regard to the use of blood-letting is still far from being settled, and it will be useful to consider some circumstances on which this indecision depends.

In the commencement of this disease there is often great depression and apparent debility, without any marked pain or increase of vascular action. And this is not owing to a congestive state of

the blood-vessels, such as is relieved by bleeding. On the contrary, bleeding is borne very ill, and patients faint with a very slight loss of blood. The explanation seems to be, that the nervous system is overpowered by sympathy with the morbid impressions made upon a membrane so extensive as the peritoneum. This extensive sympathy is distinctly witnessed in all cases in which a foreign body is admitted to the cavity of the peritoneum; and the symptoms in cases of perforation of the intestines by ulceration, and in those where there is a sudden effusion upon the peritoneum of the confined matter of an abscess, are not unlike those of the first stage of puerperal peritonitis. There is the same sunken countenance, the same small, frequent, feeble pulse, the same restlessness and irregular distribution of animal heat. There is no condition of disease in which the nervous system is more powerfully acted upon than that in which the contents of some part of the alimentary canal have been suddenly let in upon the peritoneum, in consequence of the intestine becoming perforated by ulceration or violence. The following brief relations, will recall to the experienced reader many similar instances, and will serve to illustrate the shock by which the vital powers are prostrated in the commencement of puerperal fever, and which is only to be met by cordials and stimulants.

1. A man of about fifty years of age had been suffering for many weeks from a schirro-contracted rectum. On the day of his death he appeared feeble, but

not otherwise disordered, when suddenly he became attacked with severe pain and tenderness *all over* the abdomen. He had sense of sinking and faintness at the epigastrium in an extreme degree; frequent, small, and feeble pulse; great restlessness; cold extremities, and death in twelve hours from the attack. I examined the body the next day in company with his attending physician, and found an ulceration through the rectum, just above the contracted part through which had passed several balls of fœcal matter of an inch in diameter.

2. In the following case the superior part of the canal gave way. A young woman, a domestic in a family, in the Autumn of 1829, was attacked with vomiting and pain in the epigastrium. She had a very anxious countenance, rapid, small, feeble pulse; coldness of the extremities, and great restlessness. I visited her, in consultation, in the afternoon of the day on which she first gave up her work, and she died during my visit. On examining the body the next day, the stomach was found perforated by a round hole about three-fourths of an inch in diameter, and not surrounded by any marks of inflammation, by which the contents of the stomach had been let in upon the peritoneum. The perforated portion of the stomach is preserved in a collection of morbid preparations in this town and closely resembles the representation of a perforated stomach in the plates to Baillie's Morbid Anatomy, (Fasc. 3. Pl. 5. Fig. 2.)

3. The following is a case of still a different kind.

producing analogous symptoms. A fine lad of fifteen years old was suffering under an inflammation of an obscure kind, but evidently seated in the abdomen, which was tender to the touch, especially in the left iliac region. For this affection he had been bled, leeched, and blistered, with alleviation of the symptoms, when very suddenly, August 10th, 1828, at four o'clock, A. M. he became affected with a severe rigor, and at six o'clock was attacked with acute pain and extreme tenderness of the abdomen, accompanied by great paleness, cold extremities, pulse 140, small and feeble. Death took place nine hours from the access of the rigor. On examination of the body, I found a considerable abscess had been formed by the side of the rectum, low down in the pelvis, bounded in front by the bladder and abdominal parietes, and covered by the small intestines, which formed the upper wall of the abscess. The cavity of the abscess, which was capable of holding a pound, was found partly empty, and pure pus in contact with the intestines, the peritoneal coat of which was but slightly altered in appearance. The symptoms just previous to death were occasioned by the bursting of the abscess. Every one who has seen the rapid sinking which occurs in bad cases of puerperal fever, will admit the similarity between the symptoms in these cases and those of the cases I have brought forward.

All practitioners perceive and admit the necessity of active treatment in this highly dangerous disease. But active treatment to be useful, must be applied

early in the disease;—and here lies the principal difficulty. For the peritonitis of the parturient condition frequently comes on so insidiously, and is so liable to be confounded with many of the slight disturbances and even the usual phenomena of this condition, that however disposed the practitioner may be to strike a blow which will quash the disease at the outset, he is prone to wait for some unequivocal symptom to determine the diagnosis, which perhaps does not appear till the disease has gained a formidable advantage. I know of no help for this, except what is to be found in discriminating tact and experience on the part of the physician. There is certainly no one symptom which can be depended on as a guide to active treatment. The whole case, in all its circumstances, must come under consideration, and even with the best opportunities to consult and deliberate, he is a happy man who can say he never was puzzled.

Tenderness on pressure is seldom a sure criterion. Almost every woman will flinch from pressure for three or four days after suffering parturient pains. And in more than one severe case of puerperal peritonitis, I have known the patient refuse to acknowledge that any pain or soreness was felt on pressure.

Pain is a very uncertain mark, frequently not appearing till the last stage, if at all, and when it does appear in the early stages, is easily confounded with after pains.

Rigor is very commonly observed to precede the

other symptoms, and my own experience does not remind me of a case in which this symptom was absent. But it also precedes the coming of the milk, and in irritable habits precedes or accompanies every little exertion, and the performance of any function, such as micturition, digestion, &c.

Pain of the head, which usually accompanies the disease of which we are speaking, is also a concomitant of many slight indispositions. Suppression of the lochiæ is not always a symptom which exists in the early stage of puerperal fever, and were it otherwise, the discharge varies so much in different women, and is usually so much diminished just before the appearance of the milk, that it is not of the highest value as a diagnostic symptom.

The sudden retrocession of the milk is more to be depended on, but in at least one fatal case, I have known this secretion continue with variable quantity till death.

The tongue is usually coated, but in some cases is entirely clean. *Extreme thirst* and *a most pungent heat of the skin*, oftentimes accompanied with *profuse perspiration*, and in some instances with miliary eruptions, have occurred to me as among the most certain symptoms.

The observation of the pulse is of the very first importance. This is always increased in frequency at last, if it be not so in the first of the disease; and its becoming less frequent is among the best signs of recovery that can occur. On finding a patient a few

hours after delivery with a pulse of 100 and upward, I am immediately led to inquire if she has experienced rigors, if she is thirsty, has headache, heat of the skin, interruption of sanguineous discharge, tenderness on pressure of the abdomen and gastric sinking. On the answers to these questions a tolerably correct, although not infallible diagnosis may be founded. The worst cases usually occur before the secretion of milk has commenced, but if milk has appeared it is highly important to know if its secretion continues or is suspended.

Marshall Hall has described a set of cases under the title of a 'Serious Morbid Affection,' in which there is much tenderness of the abdomen, acute pain, and many other symptoms in common with puerperal peritonitis, and which he maintains do not depend on inflammation but upon irritation, principally produced by the fœcal contents of the large intestines. These cases are aggravated by bleeding and drastic purges and relieved by laxative enemata and mild opening medicines, while the patient is supported by cordials and tonics. Of the excellent adaptation of Mr. Hall's remedies to relieve the symptoms, I have no doubt; but it by no means follows, that these are not cases dependent on peritoneal inflammation, because they require forbearance from debilitating remedies. Is not inflammation of the peritoneal coat often a sufficient reason why the fœcal contents of the alimentary tube are retained? In fact, is it not a very common case, that large quantities of solid fœcal matter will

be parted with, so soon as the inflammatory state of the peritoneum, which has retarded peristaltic action, has yielded to bleeding and other remedies? If this is so, it may be that Mr. Hall, in at least some of his cases, has transposed the cause and the effect.

There is also a spasmodic affection of the uterus, which may mislead us in diagnosis, a case of which I shall give in the sequel.

The prognosis of puerperal fever is not without difficulties. I do not, however, intend to point them out, but to call attention to one very common source of mistake in fatal cases. There is a deceptive amendment, which occurs after effusion takes place in the abdomen. The pulse, tongue, countenance, and sensations of the patient improve, and the friends and oftentimes the physician, join with her in expecting a recovery. This is the same temporary relief of the distended vessels, which is found to take place in croup and other inflammatory diseases, in which serum or fibrin are poured out.

The favorable termination of the disease is sometimes accompanied by diarrhœa, which although in part induced by the medicine we use, especially by large doses of calomel, is nevertheless kept up spontaneously, and is probably critical.

In speaking of the treatment of this disease I have no reason to dissent from the established principles adapted to the treatment of inflammatory diseases. In any case which I have seen, where, following a rigor, there is abdominal pain, soreness, hard pulse,

heat of skin, and coated tongue, a full bleeding will do more to arrest the disease than any other remedy. Cathartics, especially of calomel, large enemata, sinapisms and blisters, come next in importance. Leeches are of great value, especially where the pain is circumscribed. Cordials are usually administered by the attendants on the access of the chill, and as far as I have observed with good effect. The use of occasional doses of opiates has seemed to me admissible in every case, and where symptoms of sinking and depression exists, a combination of opium, ether, and ammonia has been particularly beneficial. When the bowels have been urged by purgatives to some degree of exhaustion, opiate enemata have been particularly beneficial. Fomentations, when skilfully managed, have appeared to co-operate in relieving pain. The oil of turpentine is a singularly efficacious purge in cases of accumulation in the large intestines. Some of my medical brethren, of very extensive experience, and in whose opinion I place the greatest reliance, believe this remedy may be relied on as the principal one in the treatment of the disease. My own experience does not warrant me in speaking so confidently of its good effects. It certainly has not maintained the high character given it by Dr. Brennan, of Dublin, who called the attention of the medical public to its use in 1814. A critical analysis of his pamphlet may be found in the London Medical and Physical Journal, Vol. 32, page 403.

In patients slowly recovering from puerperal fever,

the choice of a laxative is often a point of great importance. It sometimes happens, that medicines which are very mild and gentle in their operation, succeed better in clearing the first passages than more brisk cathartics. I have found fifteen or twenty grains each of powder of rhubarb and magnesia in syrup of ginger and distilled mint water repeated every three or four hours till effect, a most useful and agreeable prescription.

The *early* administration of tonics is particularly called for in this disease. The frequent pulse, the heat of the skin, and the general restlessness will sometimes, in the late stages of the disease, when it is disposed to a favorable termination, be increased by the exhibition of evacuants, and yield kindly under the administration of tonics. This is similar to what is sometimes observed in opthalmia and other external inflammations, in which there is frequently a period when the treatment may be advantageously changed from the debilitating to one directly opposite. The sulphate of quinine presents an admirable article for a tonic prescription in these cases, and may be combined with myrrh, with sulphate of iron, and with laxatives, so as to present very neat and efficacious prescriptions.

There is one subject connected with puerperal fever, which has not yet received any considerable share of philosophical examination. I mean the question of its contagious character. I will not go minutely into the long discussion this question would

call up, as I have not attempted in these remarks a history of the disease, but only to call the attention of readers to particular points in the pathology and treatment of the disease, such as my own experience has (painfully in many instances) strongly impressed upon my own mind. The first remark I have to make on this subject is, that nearly all the cases of puerperal fever which have happened in this town, and all the fatal cases, as far as I know, have occurred in my practice. The first case of puerperal fever which I ever saw was about the 1st of January, 1829, at which time there had occurred in my practice more than five hundred births. This case was fatal on the fourth day. I did not inspect the body after death. The two next cases of delivery which I attended were likewise fatal cases of puerperal fever. I have annexed the dissection of one of these cases, which appeared at the time in the Boston Medical Intelligencer. The two next women I attended had the disease severely and recovered. These cases all occurred in the first nineteen days of January. After this I had no case occur, although I continued to attend the delivery of my patients, till March, when I had two cases of moderate severity, cured by a free bleeding, a purge, and blisters; and in July a fatal case occurred, the principal phenomena of which I have described in the sequel. This patient was brought to bed on the 26th of June. On the 25th, I attended another woman who had the disease with great severity and recovered. Up to

this period, I am not informed that a single case had occurred in the practice of any other physician. Since that period, I have had no fatal case in my practice, although I have had several dangerous cases. I have attended in all, twenty cases of this disease, of which four have been fatal. I am not aware that there has been any other case in the town of distinct puerperal peritonitis, although I am willing to admit my information may be very defective on this point. I have been told of some 'mixed cases,' and 'morbid affections,' after delivery. The very great importance of this subject to every practitioner of midwifery must be my apology for introducing matters of personal concernment. Having candidly and fairly stated the fact, I may be allowed to offer my opinion, which can easily be separated from my statements, by those who do not agree with me. After the best examination I have been able to make, I have settled my own belief, that the disease is not contagious. The facts and considerations upon which I rest this belief cannot all be brought up in this brief communication. But I cannot reconcile to a belief in the contagiousness of the disease, that consulting physicians, and attending nurses, have never happened to communicate the disease; that minute dissections made in the presence of several practitioners have never spread the contagion; that women who have been confined in the same houses and the same rooms with those who died have not had the disease; that long intervals elapsed between my cases in which

many births occurred without the disease appearing; that I had cases occur when I took the most minute precautions as to change of dress, &c., and the reverse when I neglected all precaution. Still, however, the facts are remarkable, and I leave them to the explanation of more experienced practitioners. It is certainly true, that in the history of almost every epidemic puerperal fever we learn that most of the cases were attended by one practitioner. Dr. Armstrong remarks, (Ed. Med. and Surg. Jour. Vol. 10, p. 446,) that in the epidemic in Sunderland, in 1813, all the cases were attended by one practitioner, Mr. Gregson, with three solitary exceptions. This gentleman lost four patients in one week. Dr. Armstrong attributes these facts to contagion.

The cases which follow, and which I have compressed as much as possible, will serve to exhibit the post mortem appearances, to give an instance of successful treatment by the usual remedies, and to call the attention of practitioners to a case important to be distinguished from inflammatory affections.

CASE I.

The subject of the following case was a lady of fine constitution and previous good health, aged thirty-one years. She was brought to bed of her fourth child January 2d, 1829. The labor was easy, natural, and no untoward circumstance occurred. Having been troubled with after-pains at the birth of her last child, she was ordered an opiate. Two doses of

twenty drops Tr. Opii produced comparative ease. There was no unusual pain, soreness, or distention of the abdomen. In the afternoon of the second day, she had a slight rigor, which was dispelled by some warm gin and water, and the secretion of milk in usual quantity immediately followed. These were the customary symptoms of her previous confinements. On the third day she took half an ounce of Epsom Salt, which produced satisfactory movements of the bowels. On the morning of the fourth day, she complained of slight oppression at the stomach, and depression of spirits; she was relieved by a little peppermint, and in the afternoon sat up for a short time, and told the nurse she never felt better in her life. On the morning of the fifth day, she awoke with considerable oppression and slight nausea, for which the nurse administered half an ounce of wine of antimony, which was followed by free vomiting of a profusion of green and yellow bile, and with great relief. At noon of this day, I found her with a pulse of 80, soft and moderately full, a clean tongue; she complained of heat and burning of the throat, and was somewhat exhausted by the emetic, which had not entirely ceased operating. She took a draught of infusion of chamomile, after which the vomiting ceased till it was renewed on taking a diaphoretic medicine at night, and it continued at intervals till her death. At ten o'clock at night, the pulse was 144, soft and feeble, the respiration hurried, the voice feeble and indistinct, and the sensorium affected with

a peculiar kind of talkative delirium, resembling the phenomena of ebriety. The abdomen was now slightly tumid and tender, but there was no complaint of pain. These symptoms continued till ten o'clock of the next day, the sixth from her confinement, when she expired, exhausted, and with very little apparent distress. The secretion of milk and flow of lochiæ were natural in quality and quantity on the fifth day. The tongue continued clean and moist to the last. The patient had a careful nurse, who had been her attendant in all her previous confinements, was surrounded with the comforts and conveniences of life, was of a cheerful disposition, and had committed no error in diet or management. The second and third nights and days after her confinement were the coldest we have had for two years. It has been observed, (Gardien *Traité d'Accouchemens, tom. 2. p.* 368,) that more cases occur in winter than in summer, and hence the influence of cold is reckoned among the exciting causes of the disease. But in this case the patient was every way well protected, and the usual phenomenon of the effect of cold, diminished secretion, did not occur.

Pathological phenomena, two hours after death. Abdomen tumid, external appearance otherwise natural, except purple appearance of back and nates, from gravitation of blood. On opening the cavity of the peritoneum, a quantity of limpid, straw-colored fluid escaped. About a pint of the same fluid, mixed with whitish threads of lymph, and having a little purulent

sediment, was found in the cavity. Intestines much distended with flatus. Peritoneum, both of parietes and intestines presented a mottled appearance, from a turgid state of the blood-vessels, apparently containing venous blood. The omentum was thickened and contracted. Patches of lymph were observed, especially on the surface of the viscera, lying in the pelvis; a large patch was found on the posterior part of the uterus. Mucous coat of the bowels and the bladder exhibited no appearance of disease. Liver natural, except paler than usual. Stomach contained a portion of yellowish fluid, and had on its mucous surface a large number of small purple spots, principally about the great curvature; the largest collection of these was about the size of a dollar. The uterus was about the size of a common cocoa-nut, its walls moderately firm, and exhibiting, as to its size and feeling, the appearance which might be expected on the sixth day from parturition. Its internal surface was lined with a gluey exudation, easily wiped off. The attachment of the placenta was at the fundus, and there was a slight purple appearance at this part There were several purple spots at the os tincæ, larger but similar to those in the stomach. The right ovarium was about the size of an almond, and darker colored than natural. The fimbria of this side was of a deep purple. There was no putrefactive smell or appearance in any part examined.

CASE II.

The subject of the following case was a lady previously in good health and of a sound constitution. She was delivered on the 26th of June, 1829, of her third child, after a short labor, in which nothing unusual occurred. The secundines followed naturally within fifteen minutes. Her former labors had occurred in my care, and had been natural, and her recovery rapid. The delivery occurred at sunset, and she passed a comfortable night. She dreaded after-pains, which she had experienced with her last preceding confinement, and took two grains of opium during the night. After-pains, however, continued for forty-eight hours, the uterus feeling hard and contracted. The lochiæ were very abundant.

On the 27th she experienced headache, which was attributed to the opium. She took castor oil and some diaphoretic medicine, and passed a tolerable night.

On the 28th she had no remarkable symptoms and the headache was not severe.

On the 29th after rather a restless night, she complained of more headache, with uneasy sensations at the stomach. The breasts were filled with an abundant flow of milk. She had this day a purge of calomel, followed by oil and leeches to the head, which bled freely and instantly relieved the pain. There were on this day some slight rigors, which were attributed to the flow of the milk. The pulse not remarkably altered, the skin moist and warm.

On the 30th there was some headache, for which, although not severe, there were leeches applied, with immediate relief. There had been no pain or unusual tenderness in the abdomen. Although there was some shrinking when the uterus was firmly pressed upon.

On the evening of the 1st of July she experienced some chilliness, with a sense of oppression at the epigastrium and slight nausea. Chilliness was followed by great heat of the skin and profuse sweating. Pulse 120, of moderate force and hardness. Was bled to ʒ viij, when she became faint. Took pulv. ipec. with ant. tart. and vomited freely with relief of the gastric oppression and nausea. Took ten grains of calomel, to be followed with castor oil in the morning.

On the 2d July complained of no pain, pulse 115. Has had several dejections, loose of natural color. Complains of sense of heat at the stomach. Was ordered emp. cantharid. to the epigastrium, and powders of calomel, pulv. antimonial. and camphor to be taken every four hours, with a diaphoretic draught in the intervals.

On the 3d the symptoms continue. Slight fulness of the bowels. Abdomen bears pressure without pain, except when applied distinctly to the uterus or ovaries, especially of the left side, in which parts a soreness is felt. The whole surface of the abdomen below the umbilicus was freely vesicated. Tongue which had hitherto been clean, slightly coated with

brown fur at the back part. Lochiæ nearly disappeared, flow of milk rather diminished. Passed a restless night partly from being disturbed by the noise of cannon, &c. Evacuations from the bowels rather frequent, small and fetid.

On the 4th had some appearance of amendment, pulse 112, skin cooler and moist, tongue moist. Passed a tolerable night, and on the 5th expressed some feelings of amendment. Pulse 108, abdomen rather full, and when pressure is applied, complains of pain only from the vesication. Can lie on either side, but prefers to lie on her back. Has some degree of pain in the umbilical region.

On the morning of the 5th, at four A. M. was seized with a rigor and coldness of the extremities, extreme nausea, with sour and bitter eructations, followed by severe pain in the hypogastric region, shooting up to the stomach. Pulse 160, very small and feeble. Countenance pale and sunken. Took ten grains of pulv. ipec., and after vomiting, 120 drops of acet. opii, had seven leeches applied to the hypogastric region, and renewed vesication of the superior parts of the abdomen. Pain was checked by the opiate, and ceased entirely after two hours. Nausea continued in considerable degree. It was agreed, in consultation, that she should take sulph. quinine gr. ij. every four hours, and intermediately at the same intervals, four drops of Fowler's min. sol., to be allowed brandy and water till the heat of the skin and fulness of the pulse prohibited. Opiates pro

re nata. Under this course, the patient rallied somewhat, but without essential amendment. At the same time, she was ordered a julep of carb. sodæ, tr. cinnam., powdered charcoal and water, to correct a sour and bitter taste of the mouth, with unnatural fetor of the alvine discharges.

On the 6th, at sunrise, same appearances continue; can turn over and lie on either side, and breathe with little or no difficulty. There is occasional hiccough, and the convulsive action of the diaphragm is attended with sharp pain. At other times does not complain of pain, nor of much soreness upon pressure. She continued to sink without much change in the symptoms, till ten o'clock, A. M. when she died.

Examination of the body twelve hours after death. Abdomen more tumid than after delivery, but by no means tense. On opening the abdominal cavity the peritoneum *lining the parietes* was natural in appearance. Where it *covered the intestines*, it uniformly exhibited marks of recent inflammation. The small intestines were glued together with an exudation of lymph. The omentum was thickened. The peritoneal covering of the uterus was the only part where this membrane exhibited by its redness any increased vascularity. The ovaria were enlarged and soft, and were covered, especially the left, with lymph. The fimbriæ were of a deep purple color. The abdominal cavity contained about a pint of serous fluid mixed with flocculi of lymph. The surface of the liver was covered with an exudation of the same substance, so

smooth and uniform as to constitute a complete factitious membrane. The substance of the uterus when cut into was pale, firm, and its walls about an inch in thickness. Its cavity contained a small quantity of dark, bloody mucus without fetor. The part whence the placenta was detached, was plainly distinguishable. Its internal surface exhibited no marks of disease, and its size was not thought to be unnatural. The internal surface of the stomach and duodenum, and of the other intestines as far as inspected, was free from any marks of disease. The intestines were nearly empty. The mucous coat of the bladder exhibited no mark of disease.

The most obvious remark in this case is, that the local symptoms were greatly disproportionate to the actual severity and danger of the disease. The pain was never severe till the morning of the sixth, when it lasted but for one hour, and was quieted by twenty drops of acet. opii. The lochial discharge continued freely for six days, and was profuse for the first three or four; and the day before death reappeared in a moderate degree. The secretion of milk, which was at first abundant and regular, was never wholly suppressed, although its quantity varied with the state of thirst, perspiration, evacuations, and other obvious causes, and at the time of the patient's death the breasts were distended with milk.

CASE III.

Mrs. C. aged about thirty years, was brought to bed of a fourth child, Sunday evening, Nov. 14th, after a very short, easy, and perfectly natural travail.

On Monday, 15th, she took ol. ricin. ʒ ss. and had several stools. Nothing unnatural occurred this day, and the flow of milk commenced at evening.

On Tuesday, 16th, appearances were perfectly favorable, as in her former lyings-in.

On Wednesday at my morning visit, the same favorable state continued.

On Thursday morning, 18th, I found her much changed, and received from the nurse the following account. During the afternoon of Wednesday, she felt some general uneasiness, and at eight, P. M. had a rigor, which was followed by moderate pain in the abdomen. This pain increased till midnight, when it was most excruciating, and produced difficulty of inspiration. There was considerable thirst, and some degree of headache. The nurse had given some hot tea and a cordial during the rigor, and in the morning a dose of oil. The pain had become more endurable since midnight. My visit was at ten, A. M. when I found the pulse 120, rather full, skin hot, sweaty, and the secretion of milk nearly suspended, the lochiæ not much diminished or altered; the abdomen rather tumid and exquisitely tender; tongue moist and slightly coated. There was pain all around the abdomen, shooting up the sides, and

affecting the breath. I took sixteen ounces of blood from the arm, when some degree of fainting came on, directed six large leeches to the abdomen, and to have the bleeding from their bites encouraged by a large warm poultice. I directed twelve grains submuriate of mercury to be taken immediately, to be followed in two hours by the following purging draught. ℞. Ol. ricin. ol. terebinth, syr. simp. ana ℥ i. misce. s. ℥ ss. omn. 2d hora. Some relief was obtained by the bleeding, leech bites bled very freely, five dejections followed the exhibition of the first dose of purging draught. These were feculent, and healthy looking, and each contained some portion of fecal stool. At five, P. M. she was directed to take half a grain of tart. antimon. every hour till some degree of nausea is produced, and to take once in four hours one of the following powders. ℞. Subm. hydr. ʒ ss. Pulv. opii gr. iij. Pulv. digitalis gr. 10. Tart. antimon. gr. ij. Mix. div. in chs. No. xij. Let a blister 10—10. be applied to the abdomen.

At ten, P. M. took fifteen drops acet. opii.

Friday, 19th Nov. seven, A. M. Has passed the night with considerable sleep and without much pain, except griping in the bowels, which she plainly distinguishes from the pain of inflammation. At about five, A. M. began to have pain in the right iliac region, affecting the respiration, this pain has now become quite severe. Pulse 130, moderately full and strong. V. S. to fourteen ounces, when slight faint-

ness came on. Sinapism to the seat of the pain. Has had no nausea from medicines. Let the powders and the solution be continued as before. Has had five more fluid dejections, rather small in quantity. The blister rose well, and the tenderness of the abdomen has somewhat lessened; its tumefaction still considerable, but not increased from yesterday. At ten, A. M. the griping pain continuing, with one or two small dejections, she was ordered an enema, with seventy drops tr. opii. This procured considerable quiet rest and relief of the griping pain. At eight o'clock, P. M. gums appear slightly swollen, and feel sore—let the powders be omitted till morning, continue solution. Let her take twenty drops acet. opii at ten o'clock.

Saturday, Nov. 20th, eight, A. M. Passed a tolerable night. Did not take the antimonial solution, as the stomach felt unpleasantly. Pulse 110. Tongue moist, slightly coated. Secretion of milk has returned, and breasts are hard. Has had no pain and bowels not so tense. No dejection. Let her have two tablespoonfuls of the terebinthinate mixture ordered on the first day. The powders to be given only at night and morning. Omit the solution. Eight o'clock, evening. Was hot and restless in the middle of the day. Pulse 118, soft and full. No dejections. Let her have a common laxative enema, and after its operation twenty drops acet. opii.

Sunday, Nov. 21st. Had several dejections from the enema, not copious. Pulse 110, rather full and

soft. Passed rather an uneasy night. Gums uncomfortably tender. Omit powders. Let her have infus. quassiæ ʒ ij. every four hours. Let her have beef tea. Let her have an opiate at night.

Monday, Nov. 22d. Had several dejections yesterday, and a good deal of forcing and ineffectual inclination to stool. Passed a very uncomfortable night, in consequence of the distended state of the bladder, no urine having passed for the last thirty hours. Three pints of urine were drawn off. Pulse 100. Abdominal distress much abated, and general appearance improved. Continue infusion and opiate at night.

Tuesday, Nov. 23d. Had two dejections, considerably large, in the night, and has frequent inclination to stool, with only small, liquid, fetid evacuations. I learnt to-day for the first time, that in the first stools which the patient had had after her confinement, large quantities of raisins were found, and that occasionally since, the skins and seeds of raisins continue to appear. The patient confesses that a fortnight before confinement she had indulged in eating a great deal of this fruit. She has to-day a good deal of gastric sinking and faintness after every evacuation. Pulse 104, soft and full, and easily compressed. Let her take a tablespoonful of the following mixture once in two hours. ℞. Camphor. ϑ i. Ammon. Carbon. ʒ i. Ol. Anis. gtt x. Spt. Ether. Sulph. ʒ i. Pulv. Acaciæ ʒ i. Aquæ Puræ ʒ vss. M. f. Mistura. Omit the infus. and take one grain of

sulphate of quinine in a little brandy and water every four hours. Let her have twelve drops tr. opii. after every dejection.

Wednesday, Nov. 24th. Has had several dejections during the night, but without faintness. At five, P. M. removed two pints of urine with catheter. General appearance convalescent. Continue quinine. There has been a slight secretion of milk for the last three days. Lochiæ nearly ceased.

Thursday, 25th. Pulse 80, soft and feeble. Has had no alvine discharge since night before last. Let her take two tablespoonfuls of the following mixture, every three hours, till the bowels are moved. ℞. Pulv. rhei, magnesia calc. ana ʒ i. Syrup Zingiberis ℥ ss. Aq. menth virid. ℥ iss. Aq. puræ ℥ ij. Misce. Afterwards to continue the quinine. A small quantity of urine has been spontaneously evacuated several times since yesterday.

Friday, 26th. Three doses of the mixture have been taken, and the bowels have been thrice moved. Feces are of tolerable consistence and natural color. Continue medicine. From this period the catheter was dispensed with, convalescence went on slowly, and at the end of three months the patient was fully recovered, the secretion of milk not having been entirely lost.

CASE IV.

Spasmodic pain of Uterus, simulating Puerperal Fever.

Mrs. C. T. J. was brought to bed of her seventh child, at one o'clock, A. M. of Monday, the 25th of October. She suffered considerable flooding, which was checked by powder of ergot and moderate pressure. She was made faint by loss of blood, and her pulse was much reduced in volume. The pains brought on by the ergot were moderate, but sufficient to contract the uterus to its usual size. During the day of Monday, she was somewhat restless, thirsty, and uneasy, had moderate after-pain, and some degree of tenderness of the abdomen. She passed a tolerable night, but did not obtain much refreshing sleep. At six o'clock, on Tuesday morning, she got a dose of ol. ricini, which operated well; one dejection. At nine, I made the usual daily visit, when I found her with some degree of remitting pain low in the pelvis, moderate tenderness of the abdomen in this region, and the uterus hard and firm, and rather small within the pelvis. She had experienced a considerable degree of headache ever since her confinement. At one o'clock I was again sent for, and found that her pains had been increasing ever since my visit, and were now excruciating. They were described as cutting pains, as if a knife was piercing some organ in the pelvis. The tenderness of the abdomen was extreme, so that she screamed on the

first touch of the hand. The uterus could be felt in a hard contracted ball. Pulse very small, 120 in the minute. Headache increased, and thirst extreme. Had experienced no distinct rigors, but remembers to have been chilly for a long time after her child was born. I administered twenty drops of acet. opii; directed a pint of hot water to be administered as an enema, and the bowels to be fomented with water as hot as could be borne. Half an hour after the opiate she took one tablespoonful of a mixture of equal parts of ol. ricin. ol. terebinth. and simple syrup, to be repeated every hour till the bowels should be moved. I visited her again in three hours, when I found her free from pain, dozing, her skin moist, her headache relieved, and the tenderness of the abdomen nearly vanished. The uterus now could be felt, full, soft, risen up out of the pelvis, and twice as large as when contracted in the morning. The milk has not yet made its appearance, and the lochiæ are abundant and have been uninterrupted; their flow was rather increased during the paroxysms of pain.

The next morning, Wednesday, 27th, the symptoms were much improved;—pain gone, soreness slight, pulse 100, more full and soft. Enemata were administered, and several dejections followed. Had had several dejections on Tuesday night from the oil. A coated tongue, and slight headache continued for twenty-four hours after this, but by the use of enemata, with a very slender diet, she continued convalescent, and on the eighth day from her confinement

was as well as ever she had been in the same time. The enemata which were exhibited every morning for several days brought away solid feces, but not in such large quantities as have sometimes been observed in parturient cases.

Salem, May 11*th*, 1831.

ARTICLE II.

CASE OF MECHANICAL OBSTRUCTION OF THE JEJUNUM.

BY J. STIMSON, M.D.
Fellow of the Society.

On Friday evening, Oct. 29, 1830, I was called to visit G. W. a lad, eleven years of age, and received the following account of his indisposition, from his mother, a careful, watchful, intelligent woman.

"Saturday, Oct. 23d, George was at his uncle's store, and ate freely of chestnuts, figs, and raisins; was afterwards oppressed and sick at his stomach. Sunday morning she gave him a portion of senna and salts, that puked him several times; he threw up much indigested matter, but it had no cathartic operation. He was much relieved, however, by its emetic effect, and appeared afterwards nearly as well as usual; did his work and played about as he had been accustomed to do, until to-day; he has been away

three or four miles in a wagon, and on his return complained of its hurting him to ride, and generally of being unwell, with some sickness of stomach. I immediately gave him an emetic of ipecac. that has operated once freely, several times slightly. His stomach is still irritable, and ejects liquids when taken freely."

He was sitting in the parlor. Countenance rather dejected, skin cool, pulse 80, rather feeble, no pain, but slight uneasiness in the bowels; informed me he had had an evacuation per anum, every day but one since he ate the chestnuts. Prescribed two cathartic pills, liquid nourishment in small quantities, and if no operation during the night, ʒ i. Ol. Ric. in the morning.

Saturday morning, eight o'clock. Found my patient much as the evening previous, he had slept well, no pain, no fever, no puking, no operation from pills or oil, the latter he had just taken. Ordered pills, cal. and cociæ. every four hours, if the oil was ejected. Six o'clock, P. M. The oil had been retained, and two of the pills taken, but no effect, every way much as in the morning. Prescribed ʒ i. Ol. Ric. every four hours, until an operation.

Sunday, eight, A. M. Puked soon after I left him the night previous, before he had taken any more oil, and threw up the oil that was administered in the morning, apparently all of it. Gave ʒ i. more of oil, and four hours afterwards another ounce; he had been free from pain, slept easily, puked but once,

and that a short time previous to my arrival; they had preserved the ejected matter for my inspection. It was a greenish, watery liquid, with the oil apparently ʒ ii. swimming on the surface. Symptoms much as yesterday, pulse 90, rather more feeble, countenance sunken, no heat, no restlessness, no pain, abdomen gaunt, without the least tenderness on pressure upon any part of it. Administered saline injection, which came away unaccompanied by anything feculent. Subm. hyd. gr. iv. every four hours, strong decoction senna and manna between each dose of the mercurial, or the Rochelle powders, if the decoction should be rejected, with flannels dipped in hot spirit to abdomen. Five, P. M. The medicine not ejected, no operation; in other respects, as in the morning. ℞. Ol. Croton, gtti. Ten o'clock same evening, no effect, gt. iss. of the same, and injection; this soon came away, having a strong feculent smell, but little or nothing with it. Directed the cal. and senna tea to be given as before, if the croton oil was puked or had no downward operation.

Monday, seven o'clock, A. M. Puked within an hour after taking the gt. iss. of croton oil, the cal. and senna had been continued through the night, but no motion of the bowels. He had been more restless, slept but little, thrown up his drink several times, but complained of no pain. There was evidently an alteration for the worse, the countenance ghastly, the eyes sunken, the voice feeble and sepulchral, pulse 100, very feeble but regular, the intellect, as it had

been during his whole sickness, perfectly clear and lucid. Administered an injection, that came away unaltered; applied emp. cantharid. to the abdomen; discontinued all medicine, allowed him bottled cider and beef tea if he wished it, and advised a consultation. Three o'clock, P. M. Met Dr. Holbrook, of Milton, and the same evening Dr. Miller, of Franklin, both men of great experience and respectability. Found our patient quite as comfortable as in the morning; stomach less irritable, had taken the cider and beef tea with some relish, and had not vomited for the last seven hours.

It was agreed that the obstruction was probably irremovable, and its cause obscure, differing in symptoms from any case that had fallen under the observation of either of us; it was also agreed, as the stomach had become quiet, to make some further efforts to procure an evacuation from the bowels. We prescribed Ol. Croton. gttj. washed down with a decoction of senna and manna, every two hours, as long as the stomach would allow, and a saline injection with gt. ij. of croton oil in it, pro re nata, and if these failed to produce the desired effect, in the *dernier* resort, give ʒ ij. quicksilver. The medicine was given accordingly, and soon after the second dose of oil was taken, administered the injection; this irritated the rectum powerfully, and he made many efforts, but voided nothing in addition to the enema but a little bloody mucus. The croton oil was repeated three times and retained, the fourth re-

jected soon, and the fifth immediately; the stomach became very irritable, and threw up every thing he drank.

Tuesday, seven o'clock, A. M. Symptoms worse in every respect. Pulse more frequent and feeble, great restlessness, tossing from side to side incessantly, but complained of no fixed pain. Medicine discontinued. In the epigastric region the fluctuation of a considerable quantity of fluid was clearly perceptible to the touch and to the ear as he moved from side to side. He frequently ejected a greenish fluid, which invariably lessened for a short time his jactitation. Two o'clock, P. M. ʒ ij. Hydrar. was administered, no material change in symptoms till his death, which occurred at seven o'clock, same evening.

Post mortem examination. Thirty-six hours after death, the body was examined in presence of several physicians. On opening the abdomen, the first thing that attracted our attention was an enlarged stomach and duodenum. The stomach extended to the umbilicus, and contained a quantity of fluid. The duodenum was about three inches in diameter, and appeared *in situ naturali* like an extension of the stomach. This led us at once to the fatal obstruction, which was situated at the commencement of the jejunum, and caused by a factitious membrane or band. Three of the mesenteric glands at this place were much enlarged, though not schirrous. The membranous band appeared to originate from the mesentery of

the jejunum, about two inches in extent at its origin, and passing over this intestine, was inserted into the ascending colon, narrowed at its union with the colon to an inch and a half. It partially adhered to the jejunum at its upper extremity, at its lower we could pass a probe between it and the bowel, about half way, or under one half of the band. There was also an adhesion of the peritoneal coats of the jejunum and colon at this place. This band was drawn very tightly, compressing the bowel underneath so strongly, that its caliber was entirely obstructed. There was no appearance of recent inflammation or gangrene. The bowel underneath the membrane appeared contracted as well as flattened. The intestines below perfectly healthy, but contained no feculent matter through their whole extent from the stricture to the anus. The bowel immediately above, that is the whole of the duodenum, was much enlarged, as I have before observed, and contained a fluid that fluctuated to or from the stomach, as it was elevated or depressed.

Ligatures were now passed around the duodenum and œsophagus, and the stomach removed and opened. It contained about three pints of greenish fluid, similar to that ejected during life. Also the Hydrar. that was administered five hours before death; this was found in the stomach, but was probably thrown back by elevating the duodenum in passing the ligature for excision. The mucous membrane of both stomach and duodenum was more florid, and exhibited a

higher blush than natural; this was uniform over its whole surface, no one portion of a deeper cast than another; not exhibiting the true marks of inflammation, but of irritation or recent excitement; which probably the medicine aided the disease in producing. The pylorus was dilated to nearly the size of a cent.

A probe was passed through the duodenum into the jejunum, (compressed by the membrane) which was found pervious. The bowels were removed from the abdomen, and this portion of them separated for preservation. By relaxing this membrane, the finger can be passed into this portion of the bowel, its caliber is of its natural size, and the coats perfectly healthy.

Reflections.—Dissection has perfectly explained most of the symptoms that were previously so obscure. When this membranous band was formed it is difficult to say, as he had always been a healthy child, never having had a fit of sickness since his birth. It was evidently not of recent formation, perhaps congenital. What made it press more tightly now than heretofore? We are satisfied it must have been from the position of the intestines below the stricture; in their peristaltic action their position was so changed as to tighten this membrane, and thereby totally to obliterate the caliber of the subjacent bowel.

It is manifest that no internal medicine did or could remove this obstruction. The Hydr. by its

ponderosity was the best calculated to pass the stricture, and possibly give temporary relief, but even this failed. It is to surgery we must resort for relief, if relief is to be found in cases of this sort. Could we have known the nature and seat of this disease by its symptoms, I have a strong confidence that the scalpel, if skilfully applied, would have been successful; at least operations apparently more difficult and dangerous have succeeded. Let us then record faithfully and truly all the symptoms of these obscure cases, and if death ensue, accurately report the appearances the parts exhibit when carefully dissected, and the time may not be far distant, when we can call the surgeon to our assistance in these at present fatal obstructions of the bowels.

Dedham, November 29, 1830.

ARTICLE III.

CASE OF HYDROCEPHALUS.

BY JEREMIAH SPOFFORD, M.D.
Fellow of the Society.

Mrs. S. N. aged forty, and mother of four children, had been long afflicted with nervous headache, which had many times been so severe as to suspend her usual avocations. About two years previous to her decease, after severe exposure to cold and fatigue, all her symptoms were greatly aggravated, her sight became impaired, her pains constant, with much confusion of intellect, and want of memory.

This state continued without essential variation for more than a year, when an increase of all the symptoms became evident; she, in a great degree, lost the power of using the lower extremities; walked with difficulty, and without raising her feet from the floor; and a tendency to make her steps the contrary way from what she intended, became evident, and constant. About four months previous to her death, she lost her sight almost entirely, and was unable to walk unless she was led or sustained herself by her hands.

March 1, 1831. She is confined to her bed, has lost the power of moving her lower extremities entirely. Evacuations pass insensibly; sight gone; hearing good; memory greatly impaired; perception confused; less headache than formerly; generally answers correctly; and recognises her acquaintance by their voices; pulse 80.

April 1. Symptoms aggravated; makes no complaint; takes little food; head drawn back; bowels costive; pulse 100.

May 18. Head falling forward; face bloated; breathing apoplectic; swallows with difficulty; speech, and motion of every part gone, after which she continued merely to breathe till Monday, May 23d, when she expired.

Post mortem examination, thirty-six hours after death. On raising the cranium, the adhesion of that part to the dura mater were somewhat stronger than in the healthy state, and the vessels of the dura mater and the longitudinal sinus were filled with black blood. The adhesions of the dura mater and pia mater, were such that they could not be separated by any force which their texture would sustain. Adhesion had taken place at the external part of the falciform process, between the cerebral lobes, for about half an inch in depth, from which the process separated with ease down to the corpus callosum, which appeared much larger than usual, presenting on a separation of the lobes a protuberance of the size of a very large orange, a part of which only appearing

to view. On pressure, this body seemed to be distended with fluid, and on increasing the pressure, the finger plunged suddenly into a large cavity, from which burst more than half a pint of colorless fluid, having the appearance of pure water. This cavity was irregular within, the water enveloping the fornix, pineal gland, and filling the ventricles. At the anterior part of the fornix was observed a protuberance of the size and shape of an oil or butter-nut, nearly black, but with a tinge of green. On puncturing the fine membranous cyst, which covered this internal protuberance, matter of the color and consistence of tar was discharged, with, however, some of the greenish color of the envelope, and in quantity sufficient to form the whole contents of the tumour.

Whether this last mentioned sack of matter was a natural part, changed in appearance and substance, or wholly a morbid excrescence, I am not able to determine ; and my only regret is that some more accurate anatomist had not had an opportunity to examine and report the case, which on the whole appeared to me rather out of the common course.

As to the treatment of this case, I consider it as having very little connexion with its progress or termination. I considered the case from the beginning, as in a great degree out of the reach of medicine. It was not, however, wholly abandoned. Aloetic purgatives gave some temporary relief. Calomel in doses to operate upon the bowels, was repeatedly adminis-

tered, and blisters to the arms and nape of the neck, gave some respite from the pain, in the earlier stages of the complaint; and a seton was inserted in the neck, but was deferred to a period too late to give much promise of relief, on account of the extreme reluctance of the patient to submit to the operation; it produced little or no discharge.

Whether any treatment whatever could suspend or modify the operation of a disease so deep seated, and in a part so remote from the ordinary circulation, is an important question. In any similar case now, I should be earnest to introduce the seton at an early stage of the complaint, and to give mercurials a full trial, having witnessed a recovery in a child of three years of age, who had suffered many weeks under aggravated symptoms of Hydrocephalus.

I examined, several years since, the head of a boy, a patient of Dr. Weld, of Haverhill, aged fourteen, where we found a similar collection of water, but much less in quantity; he died after an indisposition of three weeks, but without any alarming symptoms till twenty-four hours before his death: and about six weeks, another boy, aged nine, who had been under the care of Dr. Rodgers, of Rowley, whose ventricles were distended with water, and who had died after about two weeks indisposition with symptoms of disordered head and bowels.

How often similar cases occur to other practitioners, I have little knowledge; but this number of cases in this immediate vicinity, would lead to a belief, that

they must be numerous among the people at large, and that water in the brain of persons of some age, and even adults, is more common than is generally suspected, and that there is much variety in the symptoms which they produce.

Bradford, May 28, 1831.

ARTICLE IV.

REMARKS ON THE HISTORY AND TREATMENT OF DELIRIUM TREMENS.

BY JOHN WARE, M.D.
Fellow of the Society.

Some apology may be thought necessary for adding another to the many publications, which have been made on Delirium Tremens. I have none to offer except the belief that every subject in science, and more particularly every subject in a science of a nature so peculiar as that of medicine, requires not only careful and repeated observation, but the careful and repeated observation of many individuals, in order to its thorough illustration. This belief is confirmed by what is familiar to all in the history of medicine, that the whole truth on any of its most important subjects has only been arrived at by means of the successive contributions of many inquirers. The disease usually denominated Delirium Tremens, if not of late origin, has been but lately at least recognized and described as a distinct disease; and the numerous papers which appear relating to it in the

periodical journals, show it to be the general feeling, that the subject of its history and treatment has not yet been exhausted.

The value of any publication on a practical subject can only depend on the extent of the experience of the author, and on the degree of care with which his observations have been made. It is proper therefore to state, that the cases upon which the following remarks are founded, have been observed during the last fourteen years in private practice, and in the practice of the Almshouse in this city. They have amounted in the whole to between ninety and one hundred; of which seventy-seven occurred in private practice, and about twenty in the Almshouse. In these cases the peculiar symptoms of Delirium Tremens were clearly, if not always fully developed. I have, in addition to these, in common with all other practitioners, witnessed a large number of cases of disease in drunkards, which in some stage of their progress, indicated a greater or less tendency to pass into Delirium Tremens.

It is my object to state the results, with regard to the history and treatment of this disease, which have been derived from these cases, without any particular examination of the works or opinions of those who have already written.

It seems to be generally admitted among physicians, that cases of this disease are by no means always alike; that, though they may agree very well in those peculiar symptoms which are cha-

racteristic of it, yet they differ widely from one another, in some subordinate, or perhaps I ought rather to say, less obvious particulars. It has not, however, seemed to be the common opinion, that the consideration of this difference should lead to any corresponding difference in the mode of treatment. Indeed it has been the general belief, that the most prominent symptoms were those to which the principal regard was to be had in the administration of remedies, and consequently physicians have usually attempted the removal of the delirium and watchfulness, leaving such other affection as might accompany these, to the chance of relief, which the efforts of nature might afford, or at least deferring any attention to them, till what they regarded as the more important part of the case had been subdued.

The result of such observations as I have been able to make, has led to a conclusion somewhat different from this; to a belief, indeed, that the most peculiar and prominent symptoms in cases of this sort, are not those to the removal or alleviation of which, our efforts are to be chiefly directed. On the other hand, I believe we are mainly to be governed by a reference to such circumstances in the situation of the patient, in the character of his disease, or in the state of his constitution, as would require attention were he not affected with Delirium Tremens. Still it is not intended to deny that the presence of this affection, may and should frequently modify the principles on which we proceed in the treatment of such other difficulty as the patient may labor under.

There is hardly any state or degree of disease in drunkards, in which an attack of this disease may not be looked on, as a possible or even probable occurrence. Generally speaking, the more severe the original affection, the more likely is this secondary one to make its appearance; but this is not always true. It supervenes on a very slight indisposition in one individual, whilst another will pass through an attack of great severity, without exhibiting any indication of its approach. Neither does the degree of indulgence in the use of ardent spirits, afford any rule for measuring the probability of its occurrence. It often happens that the confirmed sot will escape its visitation for years, and perhaps for life; whilst a young man who has but just begun the habit of indulgence, may have an attack on the slightest indisposition.

Much of this difference depends no doubt on the constitution of different individuals. Some are much more susceptible to the immediate or intoxicating effects of alcoholic stimulants than others; and so, too, some seem to be more liable to suffer from their indirect operation, or that which produces disease. Still it does not appear that those who are in the first instance most sensibly affected by the stimulus of ardent spirits, are more likely to have disease produced as a consequence of their use, than others.

This difference depends partly also on the manner in which the habit of intemperance has been formed. Those who become intemperate early in life, and

give themselves up almost at once to unlimited indulgence, are commonly broken down within a few years, their constitutions fail them in early manhood, and among other bad consequences they are peculiarly liable to attacks of Delirium Tremens. Those, on the contrary, who have formed the habit gradually, who have used ardent spirits moderately in the first instance, and have come slowly to their excessive use, do not suffer nearly as much in health and constitution, do not sink so easily under the same degree of excess, and are less liable to be affected by the disease of which we are speaking.

It is a common belief, that Delirium Tremens is immediately occasioned by abstinence from ardent spirits, whether this abstinence be forced or voluntary. It is not intended to deny that abstinence may sometimes produce this effect; yet I feel very certain, that in a large proportion of cases, it has nothing to do with it. The symptoms of this affection frequently ensue shortly after a course of excessive indulgence. In this case it is not that the discontinuance of the indulgence occasions the disease; but that the access of the disease creates a distaste for liquor, and is the occasion of the discontinuance of its use. The disease occurs also in individuals, whose habit of drinking has never been suspended at all, but has continued up to the very commencement of the delirium. It happens, also, that a few glasses of spirit will be sufficient to induce a temporary attack of it in an individual

in whom it may be said to have existed in a chronic and intermitting form, or in whom at least there is so strong a predisposition to a delirium of this character, that very slight causes are sufficient to excite it.

In persons sick with acute diseases, who suffer in the course of them from Delirium Tremens, it makes its attack, not commonly on the access of the original complaint, but after it has continued some days, and frequently when it has apparently begun to subside. Hence its commencement will be, in most cases, at a considerable period after the use of liquor has been suspended; since in acute diseases the propensity for it is either lost, or so much diminished, as to lead the patient to relinquish it of his own accord, or to make him at least ready to do so when directed by a physician. It is common in such a case for the occurrence of the delirium to be attributed to the suspension of the accustomed stimulus, and from this circumstance perhaps the general belief has arisen.

Although Delirium Tremens occurs in various states of the constitution, and in various diseases, and is to be looked upon as a possible event in almost all cases of indisposition among drunkards, yet there is a remarkable similarity in the phenomena presented by the affection, and in the course of symptoms through which it passes, whatever may have been the original state of constitution or disease from which it has proceeded. Its approach is often indicated by the existence of certain symptoms from the

very commencement of indisposition. It is particularly likely to take place in those who have suffered from irritability of the stomach and frequent vomiting. Indeed, it often makes its appearance after having been preceded by no other symptom of disease, and comes on as soon as the vomiting ceases. There is commonly also in the beginning of those cases in which delirium finally ensues, a tremor of the hands and limbs, and more frequently of the tongue; a tremulousness of voice producing some indistinctness of articulation; a general anxiety; a hurried manner of moving and speaking; imperfect and disturbed sleep; and startings and twitchings of the limbs. These signs are by no means infallible. They are sometimes observed where delirium does not follow. But where they exist from the very first, are not diminished by the treatment adopted, and do not leave the patient with the other symptoms of his complaint, an attack of Delirium Tremens may be reasonably expected.

But on the other hand, it frequently happens that the attack is not indicated by any such symptoms in the early history of the case. The patient appears to be getting on perfectly well, and the original disease to be subsiding in a satisfactory manner, when suddenly it becomes manifest that an attack of Delirium Tremens is threatened. In either case, however, whether there have been any premonitory symptoms or not, the disease follows very much the same course. The patient first complains that

he has not slept well, that he has been disturbed all night by unpleasant dreams, that he has been hard at work, but that matters have not gone right, that his concerns have troubled and perplexed him. During the next day, perhaps, he is tolerably comfortable, has some appetite, moves about his house or place of business; yet he is uneasy and restless, and exhibits those appearances which have been already described as indicating the approach of the disease. This continues for one or two days; each night being worse than the preceding, whilst in the day there is an increase of the anxiety, restlessness and trembling of the limbs, tongue, and voice.

The night is then passed with only one or two short naps, from which the patient awakes with some strong impression upon his mind, of the fallacy of which it is difficult or impossible to convince him. His sleep has been filled with dreams of dangers and perplexities and annoyances, innumerable and indescribable. From this state he passes into that of complete watchfulness and delirium. The dreams of his sleeping become the fancies of his waking hours; and in his delirium he conceives himself to be engaged in the same occupations, beset by the same difficulties, and surrounded by the same dangers, that he has described as giving a character to his dreams. In fact it is difficult in many cases to point out the precise time at which the mind passes from the dominion of the conceptions which have been engendered in sleep, to that of those which are the offspring purely of the disease.

At whatever period this state of entire watchfulness and delirium begins, we are to date from it the commencement of what may be denominated *a Paroxysm of Delirium Tremens.** Yet it will sometimes happen, that, on the morning succeeding the night, from the last continued sleep of which, we are to date the commencement of the paroxysm, the patient does not exhibit any unequivocal marks of the delirium by which he is affected. The attendants inform us that he has had but little sleep, and has been very crazy, but we find him sufficiently rational to give an account of his feelings, and fully aware of whatever is going on about him. Still his aspect and manner are such as to convey to the mind of one accustomed to the disease, the true state of the case, even although there may be no actual exhibition of delirium during the period of the visit.

Most frequently, however, at this time there are occasional wanderings of mind, though not a continued state of delirium. Thus, while sitting by the patient, we perceive his eye become intently fixed upon some remote spot in the room, or without a window, as if it had been suddenly caught by some remarkable object;—or he will speak in a loud and

* Some objection may probably be thought to lie against this use of the term *paroxysm*, in which it is made to include a course of symptoms extending through several days. I do not know of any other which would express the intended meaning better. By a paroxysm of Delirium Tremens, I mean to include that period of a disease of drunkards, which is characterized chiefly by delirium of a peculiar kind, and (with rare exceptions) by entire watchfulness, which continues for a certain period, generally not less than sixty or more than seventy-two hours, and terminates either in a critical sleep or in death.

quick voice, as if making answer to some one who has addressed him from without, or from behind; or he will start up hastily from his seat or from the bed, and run to another part of the room, or to look beneath the bed, as if in pursuit of something. These impressions are, during the early part of the day, evanescent; but in the latter part the delirium returns, and becomes constant. It increases in violence till about the middle of the night, and then diminishes towards the morning.

On the morning of the second day the delirium is still complete; it is not altered in its character, but the patient is milder and more tractable than during the night. He is as fully possessed of the strange imaginations which have entered into his mind; but he is more easily influenced by his friends, and is more amenable to authority. The second night is generally worse than the first, and there is less abatement of the disease in the ensuing or third morning, and in the early part of the next day; still there is some alleviation of symptoms, like that of the day before. The third day is passed much in the same way as the second; but if the disease is to have a favorable termination, the delirium of the third night is less violent than that of the preceding, and the paroxysm terminates in sleep, sometimes in the course of the evening or first part of the night, but most commonly not until the latter part of the night or in the morning. When the disease is about to terminate unfavorably, the delirium continues undiminished until the fatal event takes place.

This description has been taken from cases which were left to take their own course, uninfluenced by medicine. In all essential points it will apply to a majority of cases. Still there are many variations in the time of day at which the paroxysm begins and terminates, in its length, and in other particulars, which cannot be included under any general account. Thus its duration is sometimes less and sometimes greater than that assigned to it. Especially it is apt to be prolonged in those who have had repeated attacks, and in one such case I have known it to extend to nearly six entire days.

During the first part of his sleep the patient is generally uneasy and restless, his breathing is irregular, and is sometimes almost like that of a person dying. During the first few hours, he often wakes once or twice, perhaps gets up and renews the exercises of his delirious state, or else takes merely a little drink, but in either case, goes soon to sleep again.

Soon after getting into a sound sleep, the breathing becomes deep, slow, and sonorous; a profuse sweat breaks out, and for a long time the whole body is bathed with it. After six or eight hours the patient awakes tolerably rational, and sensible of what is going on about him, but generally with some impression left on his mind of the imaginary scenes through which he has passed. He continues, for the next twenty-four or even forty-eight hours, to sleep during the greater part of the time. At the end of that period, his restoration appears complete, so far as

the peculiar symptoms of Delirium Tremens are concerned; for he may still be the subject of other affections which have preceded the paroxysm, and which remain after it has subsided.

Almost invariably the occurrence of sleep at the close of the paroxysm is indicative of a favorable termination. In some rare cases, however, the patient actually dies after falling asleep, particularly where sleep has been procured by opium; indeed the only cases which I have seen or known, in which the disease has terminated in this way, have been treated by large doses of opium. In such a case no peculiar symptoms indicate a different result from that which we usually promise ourselves when the patient falls asleep, till after sleep has taken place. But then, instead of gradually passing from a disturbed into a more tranquil and natural slumber, he becomes first more unquiet and restless, moans, breathes with difficulty, and falls at length into a state of complete coma, from which he never awakes.

The disease terminates fatally in several other ways. Sometimes the patient is carried off by the sudden accession of convulsions, and this event is particularly to be looked for in those cases which have begun with them. They also occur very unexpectedly in cases which promise favorably, and which have afforded no ground for anticipating them. Sometimes the patient, after continuing the violent exertions of his delirium to the very last moment, without any of the peculiar signs of approaching dis-

solution, falls back and expires immediately. Sometimes, during the continuance of the delirium, death comes on from the effects of some disease with which it happens to be complicated, and dissolution occurs in the same way that it would from that disease alone.

This is the general course of the phenomena which are exhibited during a paroxysm of Delirium Tremens. A more particular account of the individual symptoms will be given hereafter. As has been already intimated, they occur under circumstances very various, and in connexion with states of the system and of disease very different from each other. They are accompanied in these different cases with different degrees of danger, and require considerable modifications of treatment. Still there is a remarkable similarity in the general course of the paroxysm, and in the conduct and aspect of the patient, between cases the most slight and the most dangerous; between those which arise in a healthy individual, simply from his usual habit of indulgence in intemperance, and those which take place in the course of the most grave and unmanageable diseases. Indeed from seeing the patient only whilst under the influence of the paroxysm, it would be impossible to determine with anything like certainty, what his original disease really was; and whether the symptoms which he exhibited were primary, or whether they had arisen secondarily in the course of some other disease.

It is, however, very important, before making up an opinion concerning the probable course and event, or proper treatment of any case, to determine the nature of the original affection; to ascertain the precise amount and extent of disease, with which we have to contend. I shall proceed therefore to describe, as far as my observation furnishes me with materials, the several circumstances, states of the system and of disease, in connexion with which the symptoms of Delirium Tremens make their appearance.

I. Delirium Tremens occurs as the immediate consequence of a particular excess, or of a succession of excesses, in individuals not otherwise disposed to disease. The kind of excess referred to, is not simply that habitual use to which all the subjects of this disease have been accustomed; though this is, under certain circumstances, sufficient to its production; but a degree of it for a short period somewhat beyond their common habit. It occurs most frequently in such persons as have from any cause been induced or obliged to abstain from the use of ardent spirits for a considerable time, and have again had free access to them. Hence it is often seen in sailors after a long voyage, or in those who have been permitted to go on shore from a vessel of war for a few days. But it may also occur in any intemperate person, who, without having previously intermitted the use of spirits, has been tempted to a course of unusual indulgence for several days in succession. Thus it is very common in those who are taken up in a state of intoxica-

tion by the civil authority, and committed to almshouses or houses of correction for actual drunkenness. This form of the disease is usually denominated by the vulgar, 'the Horrors;' but the same name is frequently given to the other more severe and aggravated cases.

A considerable number of cases of this description fell under my observation at the Boston Almshouse, when that place was made the receptacle of persons taken up in a state of intoxication. The usual symptoms of delirium manifested themselves in a period varying from a few hours to one or two days from the time of entrance. They were not less severe, not less distinctly marked than those which occur in the more important cases; but the paroxysm did not uniformly continue for so great a length of time. It sometimes subsided spontaneously in twenty-four hours, though more frequently running out to the full length which has been spoken of as common to the disease generally.

The patient is left in his usual state of health, and so far as I have ever known, the termination is always favorable. I do not believe that the course of the disease is made shorter, or a fortunate issue more certain by any mode of treatment whatever. Indeed the employment of many active remedies, particularly of opium, has rather a tendency to aggravate the symptoms than to diminish them.

The occurrence of cases of this class in large numbers in the practice of particular physicians, has given

occasion to the expression of the opinion that Delirium Tremens is capable of being almost uniformly treated with success, and that too by very opposite remedies; sometimes by very powerful, sometimes by very simple modes of treatment. Now were all the cases of this class treated by opium, they would probably all recover, and if they were not carefully distinguished from cases of a different description, they would confirm in the mind of the practitioner the belief that Delirium Tremens was always readily cured by opium. The same inference might be drawn with regard to any other remedy, which should be made use of in any considerable number of cases. But no inference could be more unfounded. The disease subsides of itself, unaided by art. On this account, statements of the degree of mortality of the disease, as it occurs in public institutions, and of the efficacy of particular remedies in its removal, are to be received with caution.

II. Delirium Tremens occurs, secondly, as the consequence of habitual intemperance, without being occasioned by any particular or extraordinary excess, and in this case, it approaches more nearly than in any other to the character of an idiopathic disease. It might indeed be questioned, whether there be sufficient ground for making any distinction between this form of the complaint and the preceding; whether the difference is not merely a difference of severity, in cases essentially the same in nature and character. Probably the state of the brain and ner-

vous system upon which the prominent and characteristic symptoms of the paroxysm depend, is essentially the same in all cases. But there is a wide difference in the state of the system at large, and in the symptoms by which it is preceded and followed, and sometimes accompanied; and also in the danger which attends it. This consideration is a satisfactory reason for the arrangement here adopted.

Cases of this kind not only occur without particular acts of excess, but are not unfrequently preceded by an abstinence for several days; the approach of disease sometimes rendering the patient indisposed to his usual indulgence, and sometimes leading him to fear that it may increase the severity and danger of his complaint. The attack does not always take place in precisely the same way, and yet the general course which the symptoms follow is not strikingly different. Sometimes the digestive organs are first affected in a manner very common in the intemperate; sometimes the approach of the disease is like that of a febrile affection; and sometimes the head is primarily affected. More frequently there is a combination of the symptoms arising from these various sources. The patient has chills, followed by heat and sweating. The skin afterward continues in a moist state, and is usually cool, particularly on the extremities. Various sensations are complained of in the head, viz. headache, commonly slight, sometimes very severe; dizziness; and a feeling of confusion and uneasiness when there is no pain, the patient

allowing that his head does not feel exactly as in health, although he cannot describe the sensations from which he suffers. The sleep is imperfect, irregular, and unquiet. The tongue is slightly furred, or red and smooth; the appetite usually, but not always impaired. Vomiting frequently occurs. The pulse are usually frequent and wanting in force; sometimes strong, hard, and slow. The eyes are suffused, and the tarsi inflamed. Convulsions are occasionally present; and there is commonly a tremulous affection of the muscular system, which exhibits itself in the motions of the eyes, hands, tongue, and diaphragm. There is often quite early a little wildness in the expression of the eyes and face; and the mind, though not properly unsettled, is a little removed from its usual state.

None of these symptoms are uniformly present; but the simultaneous existence of a considerable number of them indicates pretty certainly that the patient will finally suffer from Delirium Tremens. The same symptoms are present, and may lead us to expect a like result in those cases which constitute the third class.

III. But in these they occur not by themselves, but in connexion with other regularly formed and well marked diseases, or else as the consequence of injuries. In such cases, the paroxysm, when it makes its appearance, is, with some exceptions, as distinct in its character and regular in its course, as in those just described; but there are several circumstances con-

nected with the time and mode of its attack, which require particular notice.

The delirium often comes on when the patient is convalescent from the primary disease. In cholera or diarrhœa it may supervene when the vomiting and evacuations from the bowels have ceased, and the weight of the attack seems to have subsided. In inflammations of the lungs or pleura, after the violence of the symptoms has abated, after the cough and difficulty of breathing have been relieved, and the pulse have returned to the natural standard, we often perceive very unexpectedly the approach of those symptoms which indicate an attack of Delirium Tremens.

The delirium may also come on when the patient is only apparently convalescent; and it is to be remarked, that in whatever state of the system or of disease an individual is attacked with Delirium Tremens, any other morbid affection which pre-exists, is absorbed or at least obscured by it. Thus the apparent convalescence may arise from the obscurity which is thrown over the original symptoms by the approach of those which precede the new complaint. We may erroneously conclude that the patient ceases to suffer, because he ceases to complain; and that the ravages of disease have been checked, because their external indications can be no longer observed. We may learn that this is so from instances in which the primary disorder is again exhibited after the cessation of the paroxysm of Delirium Tremens; or in which death takes place during the paroxysm, and dissection shows that it had never ceased to exist.

In other cases there is neither any actual nor apparent improvement before the new attack, the delirium making its appearance at the very height of the original disease. But here also the primary symptoms may be finally absorbed or obscured, so that nothing is afterward apparent sufficient to distinguish it from uncombined Delirium Tremens, even to a careful observer, who should witness the case in its advanced period only.

There are, however, some cases in which the symptoms of the original disorder continue to be perceptible through the more prominent ones of the paroxysm. The cough, pain, and difficulty of breathing may be such as to indicate satisfactorily the existence of inflammation of the lungs. In cholera, and more particularly in diarrhœa and dysentery, the continuance of the evacuations after the access of the delirium, may bear witness to the continued presence of these diseases, although the pain and exhaustion which they occasion should be obscured by the imaginary sensations and preternatural strength which are the consequences of the new attack.

It is probable that a total change may sometimes take place in the character of the disease under which the system labors, and that the first disease may be actually cured by the attack of the second, an event which is certainly known to happen in other cases. It is not unlikely also, that a severe acute disease may be attended from its very first approach with symptoms of Delirium Tremens, which might thus

veil entirely its character, and conceal its dangers. I am not aware that either of these last named varieties has been known to occur, but as they are equally probable in themselves as the forms of complication which have been already described, it seems proper to suggest them as cases for the occurrence of which we are to be prepared.

IV. So far, we have referred chiefly to those cases in which Delirium Tremens assumes the form of a regular paroxysm, terminating in sleep. In acute diseases, this is the usual course, but sometimes in the acute diseases, and frequently in the chronic diseases of drunkards, a delirium comes on resembling that of which we have been speaking, in everything, except that it does not go through the same regular course, or come to a similar termination. Thus in a case of very severe pleurisy, for two nights in succession, at the height of the disease, the patient was delirious, and resembled so exactly in his appearance, manner, and disordered imaginations, those which are exhibited in Delirium Tremens, that no one, not acquainted with the whole history of the case, would have suspected that it was anything but a regular case of that disease. The course of the pleuritic affection was not at all modified; the patient was nearly rational through the corresponding days; the delirium subsided rather gradually; he slept occasionally while it continued, and finally recovered, without a proper paroxysm.

In another case of thoracic disease, viz. of inflam-

mation of the lungs, a delirium of the same character came on towards the close of the case, which terminated fatally, continuing for about twenty-four hours, and ending only at death; death taking place as it would have done from the pulmonic affection. I have witnessed other cases of a similar character in which the delirium resembled that of the regular paroxysm with great exactness, but in which the course that it took, and the mode of its termination were different.

In chronic diseases delirium may affect the patient in a similar manner; sometimes occurring every night for a succession of nights, and sometimes only a single night at once; and so returning occasionally for a considerable time. In these cases, it would seem to take the place of that delirium which might attend the same diseases in patients not intemperate.

There are also states of disease among drunkards of an anomalous character, affecting at once the mind and body, and approaching very nearly in their aspect, at particular times, to Delirium Tremens. Still they are to be distinguished by the want of regularity in their whole course, by their not constituting a proper paroxysm, and by their having no definite termination in sleep.

Having thus described the general course of this affection, the circumstances under which it originates, and the states of the system and of disease with which it is connected, it may be useful to give a more particular history of its principal symptoms;

our previous object having chiefly been to describe their connexion together as constituting the paroxysm. The most remarkable and constant symptoms are the delirium, watchfulness, and tremor.

Of these the delirium is the most universally and constantly present. It is perfectly peculiar in its character, and so slightly resembles that which is exhibited under any other circumstances, that if witnessed but for a few moments, one may feel sure with regard to its nature and origin. Its general character is the same throughout the whole of the paroxysm, but the subjects in regard to which it is exercised, are as various as the occupations, habits, modes of life, associations and relations of the individual attacked.

His imaginary perceptions are generally removed entirely from the actual state of things about him. They often relate to his particular occupation or business, or to whatever other subject may happen at the time to weigh most heavily on his mind. Almost always he imagines himself to be in a different place from that in which he is, and under some disagreeable circumstances. The seaman thinks himself at sea in a gale of wind, vainly endeavoring to bring his vessel to a safe and proper bearing; the smith at his anvil, laboring ineffectually over a piece of work which he can never finish; the cooper toiling in vain over hoops and staves, which he cannot match; and the rope-maker, twisting forever an interminable length of yarn. All are engaged in a

Sysiphian labor, which they are doomed never to accomplish.

But although the predominating idea for the time, has full possession of the mind, and everything is made to conform to it, yet it is frequently changed in the course of the disease, and has sometimes no relation whatever to any of the habits of the patient, or to any circumstances or things with which he is connected. Thus a patient who had been dissolving a co-partnership before his sickness, was in the first place constantly busied in an entangling controversy about the settlement with his partner; then he suddenly conceived himself to be chased by an alligator, who had been concealed in the chimney of his room; then he would seize upon his bed, and shake it upon the floor, in search of rats and mice, which he supposed to be concealed there, or busy himself in picking lice from his clothes, fleas from his pillow, or hairs out of his drink.

There is in the aspect and conduct of those affected by this delirium, a very peculiar and strong impression of reality. This is sometimes exhibited in a manner sufficiently ludicrous, as in the case of a cooper, who insisted that his mother, a woman of a round and plump figure, was a hogshead, which he was to hoop. At other times, the spectacle is painful. Nothing can be more real than the expression of horror, fear, or despair, which are occasionally witnessed in the unfortunate subjects of this disease. The dread of robbery and of murder are as distinctly

produced in their minds, as they can be in those of persons actually subjected to these dangers. There is often a thrilling and almost startling truth in their expressions of voice and countenance; and from the entire absence of any of the proper exciting causes of such emotions, the whole scene appears to the by-stander like excellent acting.

The presence of a stranger, and more particularly of the medical attendant, is almost always sufficient to calm, for a short time, the most violent of these patients, and even to suspend the current of their imaginations. It is only, however, for a short time; for if the visit of the physician, even, be prolonged to any considerable length, his authority is lost, and the delirium returns in its full violence. I once sat beside a patient for an hour or two in the beginning of the evening, when the paroxysm was coming on, with the hope of being able to keep up that kind of influence, which I found was at first exerted over him. He was a person of character and education. For some time, by speaking decidedly to him, when attempting to rise from his bed, at the same time lifting up my finger as if to indicate the importance of silence and quietness, I succeeded in inducing him to throw himself back and remain still, though looking wildly around, and talking incoherently of things which he supposed to be going on about him. Suddenly he started up, escaped from the opposite side of the bed, and immediately attempted to jump from a window that was near. After his recovery he for

some time believed that I had sat by him with a pistol in my hand, which I pointed at him whenever he attempted to get up or to escape. The impression thus produced on his mind was very disagreeable, and was not obliterated for a considerable time.

Patients laboring under Delirium Tremens are not disposed to commit violence or do mischief intentionally; and although it is very common for them to tear their clothes and break furniture in pieces, yet it is generally with the intention of bringing about some important purpose, which they imagine they can thus accomplish. There is nothing morose or sullen in the temper they display. Indeed they are usually timid, irresolute, and easily alarmed. The apprehension of some design upon them, is often the predominating feeling in their minds, and they as frequently imagine that they have already suffered some severe injury. They are in fear of sheriffs, of robbers, of being murdered, &c. They commonly believe that they have been carried away, and are forcibly detained from home. They often start at any loud and sudden noise, thinking that a musket has been fired at them. One patient declared that he had been flayed, and as a proof pointed to the bare flesh of his arm, from which, as he said, the skin had been taken; another asserted that he had been taken to pieces and put together again. In the state of extreme terror to which these various apprehensions reduce them, it is not uncommon for them to attempt jumping from windows, and this they sometimes accomplish.

I know of but one individual who has committed any violence on himself. He did this in two several attacks. In the first, he had suffered very severely from pain in the head, was much dejected, and impressed with some undefined expectation of evil. He mangled his throat with a penknife, bled profusely, but was prevented from farther mischief, and his paroxysm went through its usual course. In the second attack, he made a similar attempt with a razor, wounded some small arteries, and cut badly into the larynx. He bled to faintness, and was much reduced by the hemorrhage, but his disorder was not affected by the loss of blood, and he finally recovered.

There is hardly anything in disease more remarkable than the spectacle exhibited by a patient in the height of a paroxysm of Delirium Tremens. We see him intently engaged in the pursuit of some imaginary object, laboring with the utmost diligence and earnestness upon imaginary materials, and with imaginary companions; his countenance haggard and worn by anxiety and watchfulness, and his hair, face and limbs bathed in a profuse sweat. At one time we find him supporting with his whole strength the wall of the house, believing that it is about to fall in and crush him; at another time, he is engaged in a combat with snakes, alligators, rats, mice, or insects, of which his room, his bed, and his clothes are full; at another, his flesh is filled with pins, needles, fish-hooks, or pieces of glass, of which he is endeavoring to get free, cutting himself even to the quick in

the attempt; at another, he is in an agony of terror, trembling in every limb at the fear of murder or fire, and beseeching in the most piteous accents for assistance; again, perhaps, we may visit him when he is tranquil and comparatively calm, and ready to entertain us with a long and solemn narrative of the dangers and adventures of the night before.

But strong as must be the impressions upon the mind, which are thus exhibited, they are very evanescent, and with few exceptions, continue for but a short time after recovery. It seems to the recollection of the patient as if the imaginations of his diseased state were the occurrences of a troubled dream. There is the same kind of mistiness and uncertainty about the former that there is about the latter. In short, the state of the mind in Delirium Tremens very closely resembles that which exists in dreaming, whilst the state of the body differs. Not only is the imagination of the patient filled with the objects which form the subjects of his delirium, but the perceptive powers partake in the same unnatural state. With his senses open to external impressions, he sees, hears, and speaks to and of, persons and things, which in his sleep he sees, hears, and speaks to only in imagination. There is in each case the same want of the corrective power of the judgment. The mind follows on passively in the train of its associations, without any attempt to correct their incongruity.

In corroboration of this view, it may be remarked,

that the delirium often seems to be merely a waking continuation of that state of mind, which has existed during sleep for several preceding days. Before the paroxysm begins, the patient describes to you his dreams as being of precisely the same character that his waking imaginations afterwards are, when the disease has become established. In fact, it is occasionally difficult about the time of the access of the paroxysm, to determine whether he has slept or not, so blended are the states of mind in sleeping and waking, and so insensibly does he pass from the disturbed sleep which precedes the disease, to the disease itself.

The correcting power of the judgment is not always entirely lost in sleep. We are sometimes able to reason concerning the probability of our fancies. This happens occasionally in Delirium Tremens. A person of very strong mind may sometimes detect the fallacy of his imaginations, and obtain a partial control over them. This lasts but for a moment. I once succeeded in convincing a patient who thought himself away from home in a strange place, that he really was in his own house, by directing his attention strongly to several pictures, which were hanging around his room, and to the peculiarities in its arrangement, furniture, &c. He was convinced for the moment, that he *was* at home, but not that he *had been* at home. He wondered how he had got back so quick. He soon relapsed into his original state.

We often find that events happening about us which

strongly appeal to the senses, become parts of our actual dreams, by means of certain quick operations of our minds by which they are suddenly incorporated with them. Thus, the shutting of a door, the speaking of a few words, the striking of a bell, whilst we are asleep, often become part of our dreams. It is so in Delirium Tremens. Things actually happening, enter into and become part of the waking reverie, after being magnified or exalted by the excited imagination. The shutting of a door is taken for the report of muskets, the *singing* of wood on the fire, for the music of a band, &c. &c.

There is a resemblance also between the state of mind in Delirium Tremens, and that which exists in the affection which has been denominated ecstasis or ecstasy, of which examples are not unfrequent. The resemblance, however, extends no farther than to the general laws, according to which the mind is affected. In other respects there is none.

Next to the delirium, the watchfulness is the most remarkable symptom. So characteristic is it, that it has been proposed as affording a better distinguishing appellation of the disease than the tremor; and it is unquestionably true, that the tremor is more frequently absent than the watchfulness, and that Delirium Vigilans* is a more expressive name than De-

* Dr. Hayward, of Boston, in the New England Medical Journal, Vol. XI. for 1822, advocates the substitution of this name for that now in use, by arguments for its adoption, which would be unanswerable were the disease to be now named for the first time.

lirium Tremens. Uniformity is, however, so much more important than significance of nomenclature, that it seems not desirable to attempt to substitute a new name for that now in general use.

The termination of a paroxysm of Delirium Tremens is always, as has been already mentioned, by a profound sleep, and no cessation of the delirium or other symptoms is to be regarded as indicating a favorable close of the disease, unless it have been preceded by it. Sleep, however, is not always to be regarded as indicating the speedy termination of the paroxysm, since it is not uncommon for patients to sleep a little,—from a few minutes to an hour, for instance,—on each day of the delirium; and this is more likely to happen when the attack takes place in the course of some other disease. Lucid intervals are not common, but they sometimes occur, and so far as a few cases can go towards establishing a general principle, we are to regard them, when occurring before the regular termination of paroxysm, as unfavorable indications. Two cases only, however, of this kind have fallen under my observation, and I do not recollect that any others have been recorded.

In the first, the disease began with convulsions, which were repeated during the first twelve hours. On the second morning, without having slept at all, the patient had a perfectly rational interval of considerable duration, and talked with his friends and attendants in a manner which would have led no one to suspect him of having labored under any alienation

of mind. In a few hours, however, the delirium returned, and he died in about forty-eight hours from the first attack of convulsions.

In the second case, the disease, though finally assuming all the peculiar symptoms of Delirium Tremens, and occurring in a person who had once suffered from it, did not exhibit itself in an unmixed form. His symptoms were at first irregular, and arose, as I conjectured, from a combination with inflammation of the brain, but they assumed finally the aspect of genuine Delirium Tremens. After one or two days of delirium, and a night passed without sleep, he became, for nearly a whole day, perfectly rational. This relief followed venesection and the free operation of cathartic medicines, but was not preceded by sleep, and was not relied on as affording a favorable prognosis. The symptoms accordingly returned with increased violence, and with a more close resemblance to Delirium Tremens. Sleep was procured by laudanum, but without any relief of the other symptoms, and the case terminated fatally.

The tremor which has given its name to this disease, is nearly as universal a symptom as the watchfulness; but though present during some part of almost every case, is not uniformly present throughout its whole course. It is occasionally very violent, and reminds one of the shaking of the limbs in an attack of intermittent; but it sometimes amounts merely to a slight tremulousness. It extends to most of the voluntary muscles, affecting the tongue, the

lips, the eyes, the limbs, and the muscles of respiration; the affection of the latter being indicated by the tremulousness of the voice, and of the sound produced by the air in inspiration.

We may make this additional distinction between the watchfulness and tremor, as serving to characterize the disease, that the former occurs only in this affection, whilst the latter makes its appearance in all cases of sickness among drunkards, and is even common in many who are in their usual health. No doubt the existence of the tremor in a case of sickness should lead us to suspect the approach of Delirium Tremens, but it affords no certain indication.

Beside these, which are the most characteristic symptoms, others occur of more or less importance.

Convulsions are not unfrequent. They are often the first symptom which excites notice; they are sometimes the immediate precursors of death at the close of the paroxysm; and they occasionally take place in its course, and sometimes bring it prematurely to a fatal termination. They are always an unfavorable, but by no means a fatal symptom, though they perhaps appear in a majority of cases which end in death. We may reasonably regard them, when they begin the disease, as implying some primary affection of the brain. In a few cases, which I have had an opportunity of examining after death, where convulsions had preceded, effusion has been found to have taken place both on the external surface of the brain and within the ventricles.

Patients are seldom without some unnatural sensation in the head. This, in many cases, amounts to a severe headache; and may be the first symptom of which complaint is made. Sometimes it is only a dizziness, heaviness, or sense of confusion. If the patient, even in the height of the delirium, be asked how he is, he perhaps answers abruptly, that he is "pretty well," "quite smart;" but that he "feels badly about the head;" and he seldom fails to acknowledge some feeling of this kind, at whatever period of the case inquiry is made.

In one instance the patient complained that surrounding objects appeared to him to move to and fro; but he was aware that this arose from a morbid affection of the sense of vision, and did not confound it with the delirious ideas which occupied his mind.

The pulse varies much in frequency in different cases, and at different periods of the same case. At first it is often of the natural standard, becoming rapid as the case proceeds. Sometimes it is frequent from the first. Almost always in the height of the paroxysm it becomes very rapid, rising to 130, 140, or even 150. Still in a few cases it continues at the natural standard, or a little above it, to the termination of the disease in sleep; and such cases rarely do otherwise than well. If the pulse do not rise above 100, we may regard the case as almost certain to do well, and the danger increases as the pulse rises. Still even a quick pulse is not a very fatal symptom, since persons often recover whose pulse has risen to 130

and 140; and a slow pulse is not unequivocally favorable, for I have known a patient carried off very suddenly by convulsions, whose pulse had not exceeded 90. When the pulse, after having been very quick and small, becomes slower and fuller, particularly when this happens toward the close of the paroxysm, we may predict a favorable event with considerable confidence. This change in the pulse often precedes, by a few hours, the termination of the disease in sleep. When, on the contrary, at the proper time for the conclusion of the paroxysm the pulse becomes quicker, smaller and weaker, there is reason to fear an unfavorable event, though the indication in this case is less certain than in the former.

There is nothing peculiar in the state of the tongue. It is commonly preternaturally clean, red, and tremulous; but this appearance is common in the diseases of drunkards. It is sometimes covered with a thin white fur; more rarely with a thick. It is very seldom dry, except after great and exhausting muscular exertion. Sometimes it is protruded, and kept so, with difficulty; and often at the beginning of the disease, the patient, when asked to show his tongue, thrusts it out very suddenly, with some distortion of the countenance, and a staring expression of the eyes. In general, we may regard the tongue as rather indicating the general state of the system, than the state of the disease itself.

The appetite usually fails, partially at least; in some cases it has remained good, and the patient has

been allowed to take his regular meals. It has always appeared to be a favorable symptom.

Thirst is seldom excessive; less so than in most diseases accompanied with excitement. In that form of it which follows immediately from excess in ardent spirits, the desire for them may remain, and sometimes in cases of a different description. But often there is no such indication.

The skin is generally soft and moist from the first, but toward the close of the disease, it is bathed in a very profuse sweat. This may be partly attributed to the muscular exertions of the patient, but not entirely, since it continues after he has fallen asleep. Toward the close of the paroxysm, the hands and feet, and often the whole body become cold, though still covered with sweat, and this more particularly in those cases which have a fatal issue.

The countenance in the early stages of Delirium Tremens, has merely a wild and unsettled look; in the advanced periods, particularly in bad cases, it is anxious and troubled, and during the last few hours before the close of the paroxysm, becomes strikingly haggard and ghastly.

In forming an opinion with regard to the probable event of any case of this disease, we are to be governed by a variety of considerations, the most important of which may be gathered from the preceding remarks. In patients of the first class, or those in which the attack arises immediately from excess, the danger may be regarded as almost nothing. In

cases of the second class, the danger is undoubtedly greater, but is still very small, unless there have been several previous attacks. In those of the third class, the danger is always considerable, but the degree of it will depend chiefly on the nature and severity of the original disease. Where the local affection is slight, such as an inconsiderable external injury, or a common catarrh, the risk of death is but little greater than in an uncombined attack; but where it is severe, as in inflammation of the lungs, in dysentery, or in compound fracture, the patient is in great peril. The danger is greater when the delirium comes on at the height of an acute case, than when it occurs after an alleviation or remission of the symptoms. Indeed the most frequently fatal cases are those already referred to, where the disease does not go through the regular course, but simply takes the place of the delirium which comes on at the height of many acute cases, and precedes death but for a short period.

We can seldom be justified in giving an unqualified opinion of the event of a case of Delirium Tremens, either in favor of or against the recovery of the patient. It is often a matter of much delicacy, so to state the possibilities of the case, as not, on the one hand, to lead the friends to too sanguine an expectation of recovery, or on the other to too unfavorable a view of the result. Degraded as the habits are which lead to this disease, and lost to all that is honorable or desirable in life, as most of the subjects of

it are, still some are not so, and many, even of those who are, are objects of affectionate solicitude to parents and friends. Every physician must meet with many cases where the feelings of those around the patient demand the utmost consideration and sympathy, even if his own character claim no respect. It is not uncommon for this disease to occur in young men who are objects of interest to highly respectable families; in husbands who have wives and children dependent on them; and even in wives and mothers themselves. Some of the most painful scenes we can witness, are connected with instances of this kind, not only on account of the patients themselves, but of those also, who are connected with them and are interested in their recovery. Indeed there is hardly any disease, for the recovery of friends from which there is more anxiety manifested than there sometimes is in this; from the hope, so generally a fallacious one, that the sufferings of sickness and the danger of death may serve to reclaim the patient from the course which has subjected him to them.

On account of the friends, therefore, it is necessary to be careful in the opinion given of the probable event; for there is hardly any case, even those which present the most favorable appearances, which may not terminate fatally, and that very suddenly. The possibility, therefore, that such may be the event, should always be stated fairly, and with proper qualification; the favorable indications being allowed their due weight. In this way, the minds of

those interested, will be in some measure prepared for the worst that may ensue, and yet not unnecessarily disturbed by the anticipation of an inevitable evil.

This, whilst it is the course most consistent with exact truth, so far as our knowledge of disease enables us to judge, is also, on the whole, the kindest toward those who are interested; for a few days' qualified apprehension of danger is far better than a feeling of security, which is founded on ignorance of the real probabilities of the case, and which leads to so much distress when the event shows it to have been false.

Morbid anatomy has thrown no light upon the nature of that affection of the brain and nervous system, which gives rise to the peculiar symptoms of Delirium Tremens. Indeed its history would rather lead us to expect, that these symptoms do not depend on any organic changes discoverable by dissection, but merely on a disturbance in their functions. Accordingly, the morbid appearances, which have been observed, are not such as can account for the peculiar character of the disease. They are such as are common to many affections in which the brain is implicated. In four cases, and in two of these the disease had been accompanied by convulsions, I have seen effusion into the ventricles, and upon the surface of the brain. Similar appearances have been frequently observed by others. But I am not aware that any other morbid appearances are recorded, and

these, it will be obvious, do not at all account for the phenomena, but may be rather regarded as consequences than as causes.

Where Delirium Tremens has been complicated with other diseases, the morbid appearances which those diseases usually present, will of course be exhibited. Since they do not, however, differ from those which the same diseases present in ordinary cases, it is not necessary particularly to advert to them. It is desirable, however, to remark, in confirmation of some statements which have been before made, that in cases beginning with severe acute disease, and ending in a delirium which has entirely absorbed and obscured the symptoms of the original affection, there have been found, after death, morbid changes which prove incontestably, that the original affection has continued, with unabated vigor, up to the very last moment of life. This has been particularly noticed in inflammations of the lungs, and of the stomach.

The treatment of patients with Delirium Tremens, is by no means confined to that period which has been designated as the paroxysm. Since, from the symptoms of many cases of disease in intemperate persons, we are led to anticipate attacks of this sort, it is as important to prevent the paroxysm, or prepare for it, when we perceive its approach, as it is to conduct the patient safely through it, when it is actually present. In speaking of the treatment, therefore, we are constantly to keep in view these two distinct inquiries;

1. By what measures may we prevent an attack of Delirium Tremens, when it is threatened?

2. By what measures may we arrest or alleviate the paroxysm, or carry the patient in safety through it?

With regard to the first inquiry, little can be said here, which may not be more intelligibly introduced hereafter. It may only be remarked in general, that whatever tends to alleviate or remove the symptoms with which the patient is first attacked, or to soothe and quiet the mind and nervous system, will contribute to the prevention of an attack of the delirium. There are in fact no direct means to be made use of, no remedies to be administered with this particular view. If the paroxysm is to be prevented, it is to be prevented by the judicious use of such general measures as will be spoken of in treating of its management.

There has been much uniformity of opinion among physicians concerning the object to the accomplishment of which the treatment is to be directed during the paroxysm. This object is the procuring of sleep. The absence of sleep is one of the most remarkable symptoms of the disease. When it terminates favorably, it terminates in sleep. It is not without foundation, therefore, that the treatment has had for its primary indication to bring about this termination. The patient, it has been emphatically said, "*must sleep or die.*" There is no doubt that this is true. But may it not have been too hastily concluded from this undeniable position, that sleep must be procured

by the assistance of art, or the patient will die. It is possible that the common impression which has been produced on our minds concerning this, is erroneous in two points of view; 1. We have concluded that sleep is the cause of the salutary change which takes place in the disease; and 2, that sleep in whatever way induced, will have the same effect, and that it is therefore to be induced by artificial means.

In order to determine, concerning any disease, what influence our remedies actually exert upon it, we must first ascertain what will be its course and termination if suffered to go through its usual series of changes without the interference of art. This is a point in the history of diseases to which reference should always be had in deciding upon the principles, or calculating the efficacy of the treatment to be employed. This is particularly desirable in those diseases, which, like that now under consideration, have but recently become the subjects of medical observation and inquiry.

I have witnessed a considerable number of cases of Delirium Tremens in which the patient, after the establishment of the paroxysm, has been left to contend with it, without the administration of any remedy whose tendency was to cut it short, or in any decided way to modify its symptoms. The active treatment has been confined to the period of indisposition preceding the paroxysm; and after its accession articles of a negative character alone were administered, with the exception sometimes of purgatives. The result

has uniformly been, that the disease has gone through that regular course, which has been already described in the former part of this paper, and has terminated in the manner there described, at a period seldom less than sixty or more than seventy-two hours from the commencement of the paroxysm.

The termination in these cases has also been almost uniformly favorable, except where there has been a combination of the delirium with some acute disease in itself dangerous, or where it has appeared in connexion with some fatal chronic malady. This course has been pursued, I do not mean to say without any deviation, but without any deviation which I believe to have essentially affected the result, in about fifty cases of the several classes which have been described; and although several deaths have taken place among them, none are recorded, except among cases, which I have arranged, whether justly or not, in the third and fourth classes.

It may be stated, in confirmation of the opinion now expressed concerning the natural tendency of the paroxysm to terminate in a spontaneous and salutary sleep at the end of a certain period, that, even in the reports of cases, which have been submitted to the public as evidences of the efficacy of various modes of practice, sleep has not actually taken place sooner than it would have done in the natural course of the disease, if the history which has now been given of it be founded on correct observation. In the cases which I have formerly treated with opium,

and which have at last terminated well, a salutary sleep has not actually taken place till toward the close of the third day, let the quantity of opium be what it would. I have indeed seen sleep induced by opium at an earlier period, but it was premature, it passed into a state of coma, and the patient died.

I am satisfied, therefore, that in cases of Delirium Tremens, the patient so far as the paroxysm alone is concerned, should be left to the resources of his own system, particularly that no attempt should be made to force sleep by any of the remedies which are usually supposed to have that tendency; more particularly that this should not be attempted by the use of opium. I do not undertake to say that it can be never right to administer opium for the removal of the paroxysm itself, but I believe it can be rarely necessary, and I have not yet seen a case in which I think that it was.

It is no doubt very difficult to compare the success of the practice of different individuals; it is even difficult for an individual to compare the success of different modes of practice in his own hands at different times. The first cases of Delirium Tremens, which occurred to me, were treated exclusively with opium in large doses, then (in 1817) the popular practice of the day. The proportion of fatal cases was such as to satisfy me, in no very long time, that if this remedy did no harm, it certainly could do little good. Subsequently the emetic practice, introduced by Dr. Klapp, came

somewhat into favor, and though by no means uniformly successful, and never, so far as I know, cutting short the disease after it was once fairly established, it was far more satisfactory in its results than the treatment by opium. Various other remedies have been proposed, which I have either employed, or have known the effects of in the practice of others; but with none has the success been any greater than with the *expectant* mode of practice. I do not mean to claim even for this, a success so remarkable as that which has been claimed by some writers for the practice with opium. I would only state what has been the impression produced by a very considerable number of cases on my own mind.

No doubt the most prevalent opinion of physicians, with regard to the proper mode of treating Delirium Tremens, is in favor of the administration of opium in such doses as will procure sleep; yet, as has been already suggested, other plans have been proposed, and are preferred by a very considerable number; whilst many highly respectable practitioners still profess themselves unsettled in opinion concerning its proper management. A diversity of opinion concerning the treatment of any disease, may be generally considered as indicating some uncertainty with regard to the efficacy of any of the measures employed. Physicians in actual practice have not been uniformly satisfied with the degree of success which has attended the administration of opium, or they would not have been frequently searching, as has

unquestionably been the case, for other remedies. Notwithstanding the almost unlimited success which has been claimed for the opium practice, by some who have written in its favor, physicians in general do not find it equally successful, or they would not seek for anything better. A specific remedy easily administered, attended with no unpleasant accompaniments, and generally successful, would never be thrown aside, even a moment, for the sake of trying experiments with new remedies. We never hear the efficacy of sulphur in the Itch doubted. It is true, new remedies are sought for, not because sulphur is an uncertain, but because it is a disagreeable remedy. There could be no such reason, if opium were a specific, or a tolerably successful remedy in Delirium Tremens. Its exhibition is easily managed. Practitioners have not been disappointed in its efficacy because they have failed to administer it rightly, but because they have not found it to answer the expectations which the representations of its advocates excited. The uncertainty of opinion among physicians, therefore, concerning the use of opium, and indeed generally concerning the proper treatment of Delirium Tremens, is a practical proof that no one method has any superior or exclusive claim to our confidence; or at any rate, that opium does not command the great success which has been attributed to it.

So far from being beneficial, I believe there is ground to believe, that the effect of opium given

during the paroxysm, is to increase the violence of the delirium, to produce a tendency to convulsions, to prevent the termination by a natural and salutary sleep, or to throw the patient into a state of coma from which he does not awake. I do not mean to say that these effects are often produced. There is in this disease, as in some others, a happy insensibility of the system to the action of remedies, which allows it, in a large majority of instances, to take its own course essentially unaffected by them. It may seem presumptuous to make this statement in the face of such authorities as have written on this disease. But many, if not all, have taken it for granted that it is to be treated by medicine; they have never trusted to the spontaneous efforts of nature for a cure. Having pursued a different course myself, I am prepared to say, that there is the difference pointed out above, between the cases which I have treated without opium, and those which I have treated with it myself, or of the treatment of which by others I have seen accounts.

But I have also feared that the unfavorable effects of opium have not been confined to its administration during the paroxysm. It has happened in several instances, that the symptoms of the paroxysm have manifested themselves in cases where they had not been particularly apprehended, very soon after the exhibition of opium. I do not mean to say, that I have evidence to show that opium is in all cases injurious in the diseases of the intemperate, or that it

should never be employed. There are sometimes symptoms which absolutely demand its use, even at the risk, if there be any, of inducing Delirum Tremens.

The cases where Delirium Tremens seems to have followed directly on the use of opium, have been those chiefly in which it has been employed to check or control some dangerous or inconvenient symptom. Thus it has come on in cholera, and in the vomiting of drunkards from irritable stomach, soon after opium has been given to subdue the violent symptoms; or in dysentery and diarrhœa after it has been used to stop the evacuations from the bowels; and this, whether it has succeeded in effecting the intended object or not. This coincidence has happened in so many cases as to lead to a suspicion that it might be something more than accidental.

It will follow, from what has been said, that we derive no advantage from any direct attempt to produce sleep, and thus to cut short the paroxysm. In what then, is our treatment to consist? Are we to leave the patient wholly to the resources of nature and his constitution, or are we to endeavor to promote indirectly that salutary termination which we have no means of bringing about directly? It is not intended to imply, that we can do nothing for the disease in any way, or at any period. Something may be done to carry the patient safely through it, and sometimes to prevent it.

When the attack of Delirium Tremens is preceded

by acute disease, the treatment in the first stage will be governed by precisely the same laws as those which direct us in ordinary cases. That course which is most likely to relieve the original disease, is most likely to prevent the attack of delirium, or if it do not prevent it, to make it run through its course in safety. The great danger in these cases arises from the complication of the severe disease of an important organ, with the unbalanced and irritated state of the nervous system. The only precaution to be taken, when we apprehend this result, is to effect the cure of the original affection, with as little reduction of strength as possible, (and this is a precaution necessary to be taken in all cases of disease in the intemperate,) and, when possible, to avoid the administration of opium for the alleviation of symptoms, which are usually benefited by it.

But with regard to the Delirium itself, we shall best convey a view of the principles, which are to guide us in its treatment, by passing briefly in review the remedies which are applicable under different circumstances to patients who labor under, or who are threatened with it.

Blood-letting is a remedy, which the symptoms would, on a first view, suggest as highly appropriate. It has accordingly been adopted, and at first, indiscriminately, without reference to the nature of the case, or the stage of the disease. Hence its reputation has fallen much lower than it really deserves. It may be often employed with great advantage, and

it probably succeeds more frequently in preventing or mitigating the paroxysm, than any other remedy, emetics alone perhaps excepted. It is very satisfactorily shown by Dr. Hayward, in an examination of Dr. Sutton's work on Delirium Tremens,* that all the cases which were treated with opium, and whose successful termination was attributed to the use of that drug, had been bled at some stage of their progress, either before the occurrence of the delirium, or very soon after its access. This accords with such observations as I have been able to make. The most remarkable cases in which the symptoms of approaching Delirium Tremens have subsided without its occurrence, have been when bleeding, either generally or locally, has been adopted.

In resorting to general blood-letting, we should of course be much governed by a regard to the constitution, previous health, &c. of the patient. Old and worn-out drunkards would probably be always the worse for it; but there are few other cases in which it will be injurious in the early part of the disease. In cases where the pulse is hard, strong, and not very rapid, where there is some pain in the head, with a flushed countenance, and a skin rather dry than moist, venesection is particularly indicated, and will serve to mitigate or prevent the attack. The objections to this remedy seem most likely to have arisen from its employment in too advanced a period of the disease. It is then only that it can be abso-

* New England Journal of Medicine and Surgery, Vol. XI., 1822.

lutely dangerous. It would seem almost evident, before experience, that if persevered in with a view to the removal of the paroxysm, after it has been once fairly established, and after the skin has become moist and flabby, the pulse rapid and weak, and after all the symptoms indicate a state of high irritation, it must be injurious if not fatal. It is probably this use, or rather this abuse of the remedy, which has led writers to denounce it in unqualified terms.

Local bleeding is more universal in its adaptation to Delirium Tremens, and may be employed in a majority of cases. It appears to have an effect to render more safe, and sometimes to prevent the paroxysm. I know how liable we are to over-rate the effects of remedies, of whose efficacy we have formed a favorable opinion; and it may be so with regard to this. But I believe that there is decided benefit in most cases, in bleeding from the head and neck, by leeches and cupping, at any time before the paroxysm, or during the first day of it. I have even employed it on the third day with the apparent effect of hastening the favorable termination. This was in the case of a man of sixty years old, of a highly irritable temperament, in whom the disease was accompanied by no local affection. On the evening of the third day, when he was violently delirious, the application of twenty leeches was followed by an *immediate* mitigation of the symptoms, and in a very short time he fell asleep. It is not to be inferred that in this case the loss of blood had any influence on the

final issue of the case. It would probably have been terminated in the same way in the course of a few hours by the spontaneous efforts of the system. But the decided and direct effect of the remedy was such as to show the influence which it is capable of exercising.

In a large proportion of cases of Delirium Tremens, the digestive organs are deranged in the same way that they are usually found to be in intemperate patients, with whatever disease they may be affected. This is often the only disorder which can be detected previously to the attack of the delirium. To remedy this state of the digestive organs, emetics may be administered with great benefit.

They have also been recommended as a means of cutting short the disease and inducing sleep, after the paroxysm has been fairly established. It has been supposed that there is a morbid condition of the stomach, in patients with this affection, which occasions the disorder of the brain and nervous system; and that powerful emetics remedy this condition, and prevent or cut short the paroxysm. It is not impossible that this is the case, and the authority in favor of the practice is highly respectable. Yet the evidence is not sufficient to show that the accession of sleep is hastened by their administration. So far as I have tried emetics, though as above stated, they may have had a favorable effect on the digestive organs, and improved the general state of the system, when given before the paroxysm, sleep

has not been produced at a period anterior to that at which it were to have been otherwise expected.

No particular advantage arises from purging carried to any great extent. It is desirable in the beginning of every case, unless the bowels are in a perfectly natural state, to clear the alimentary canal thoroughly by some active cathartic; and afterward to maintain it in an open state by gentle laxatives. It is also necessary where the secretions are in a depraved state, to correct them by the use of the common alteratives. After the accession of the paroxysm, no medicines of this kind have any appreciable effect in modifying its course.

The use of blisters has been reprobated as tending to increase the severity and danger of this disease. The dread of them seems to have been handed down to us from one of the first writers who has treated of it; for it does not appear that they have been since much employed. It cannot be affirmed that they are usually found of any decided advantage; but having very frequently employed them, I am prepared to assert that they do no harm, and, so far as their irritation is an objection to their use, that there are few diseases in which they produce so little. I recollect one example, which well illustrates their innocence, at least, if not their efficacy. A man was brought into the Boston Almshouse for an abscess around the knee-joint, preceded by severe inflammation, which was the consequence of external injury. Delirium Tremens supervened. The patient had been bled,

and the emetic, and afterwards the opiate practice were put in operation upon him to their full extent. The day preceding the night when the paroxysm had a favorable termination in sleep, three large blisters were applied, one on the back of the neck, and one on the upper part of each arm; all of which took effect. At the time I attributed the favorable result to the vesication, since it came on so directly afterward; but according to subsequent observation it did not take place sooner than is usually the case in patients who recover. It is, however, sufficient to show, that the very extensive employment of blisters does not prevent, even temporarily, the salutary termination in sleep, since the irritation of the remedy was here at its highest point, at the very time when the patient became quiet and slept.

Mercurials have not, I suspect, been often given in Delirium Tremens, with any view to their specific effect on the system. The disease is too rapid in its progress to allow time for a ptyalism to take place. In a single instance, it was produced by large doses of calomel and opium, in an individual, who had been subjected to the operation of active emetics in the early part of his disease. A favorable sleep took place about the time that the mouth became sore; but no earlier than it may be expected in those cases which have not been treated by medicine.

The warm bath has been suggested as a remedy in this disease. I have never used it, and cannot therefore bear witness to its efficacy, but it is likely

to do good during the period which precedes the paroxysm. During the paroxysm itself, there can be no benefit which would in any degree compensate for the confusion, trouble, and exposure which must be occasioned by it.

Various other remedies have been from time proposed, and their efficacy supported by the narration of cases in which sleep has been supposed to follow, as the consequence of their use. Among these remedies are assafœtida, digitalis, hyoscyamus, valerian, prussic acid, sulphuric ether, tincture and infusion of hops, infusion of wormwood, and borax. Of nearly all these remedies, I have made trial in one or more cases, and some of them I still continue to exhibit; but I have found no reason for attributing any efficacy to their operation, in hastening the termination of the paroxysm.

Having premised these observations upon the general applicability of these remedies to the treatment of Delirium Tremens, we may close this account of the disease, by stating in a summary manner the course which should be pursued in its management according to the principles which have been laid down.

Where we are satisfied that the delirium is the immediate consequence of the excessive use of liquor in an individual previously in good health, no medical treatment is necessary. If the patient be left to himself, and be debarred from ardent spirits, the attack subsides spontaneously. In the worst cases no

medicines can be required beyond a dose of salts, and an infusion of valerian, of wormwood or of hops.

In those cases which are preceded by some general derangement of the system without any well defined disease, our course is to be determined by the nature of the derangement, and the state of the constitution. Where the patient is robust and vigorous, more particularly where in such a patient there has been convulsions or severe pain in the head, general bleeding should be freely adopted, and is the most important remedy. In almost all cases, let the constitution be what it may, local bleeding may be regarded as beneficial, if not indispensable, and it is particularly called for where there is dizziness, pain in the head, or much flushing of the countenance, with heat in the head and face.

When the digestive organs have been long in a deranged state, especially when the stomach appears to be loaded with a mass of secretions which are offensive to it, and which excite it to ineffectual vomitings, a powerful emetic of tartarized antimony is of essential benefit. In common cases a combination of ipecacuhana with the sulphate of copper or of zinc, is sufficient for the proper evacuation of the stomach. This may be followed by a cathartic of calomel, either combined with, or followed by some other article which will promote its full operation. It is afterwards only necessary to regulate the bowels by mild laxatives, unless some unusual symptom arise, which indicates a more active evacuating treatment.

This course, with the exception of general bleeding, may be pursued whether the physician be called before or soon after the commencement of the paroxysm. Little else is required in the large majority of cases. Particular symptoms may call for the administration of particular remedies; but of such a necessity a judgment must be formed in each case upon a consideration of the general principles upon which the disease is to be treated.

Still, although there are no particular remedies which appear to have any influence in the removal of the disease, there are many articles which I have been in the habit of prescribing, which do not interfere at all with the regular course of the disease, and have a grateful and supporting operation upon the system. Such are the infusion and tincture of valerian and of hops; an infusion of chamomile, a solution of carbonate of soda, or of ammonia, or of sulphate of quinine, &c. &c.

The use of spirituous liquors during Delirium Tremens, has been recommended as a means of promoting sleep. If I believed them really advantageous in this respect, I should hardly feel justified in resorting to them, since this must diminish what little prospect there may be, that the disease will be a means of breaking up the habit of intemperance. I have accordingly never recommended this practice, and if the views which have been presented of the course of the disease be founded on correct observation, it will appear probable that it has not had the influence which has been attributed to it.

The diet should in most cases consist entirely of nutritious liquids. But occasionally the appetite remains good, and the patient may be then indulged with small quantities of his ordinary food, particularly in the morning.

As little restraint should be exercised over the patient as is consistent with the circumstances of the case. It is usually necessary, from considerations of propriety, to confine him to his house, and perhaps to his room, but within the determined limits he should be as little controlled as possible. When circumstances admit, it is better that he should have free range within doors and without; the precaution being always taken of having some able-bodied person to watch his motions. There is little to fear from exposure; patients have been frequently exposed to the night air, to cold, and to rain, for hours, and with very insufficient clothing, without the slightest injury.

Patients should never be intrusted during the night to the charge of females alone. The strength of one or two men is sometimes barely sufficient to prevent them from that which would be imminently dangerous to life or limb. They are frequently disposed to jump from windows, from a wharf, &c. with the intention of escaping from imaginary dangers.

During the paroxysm it is well to persuade the patient to lie down several times in the course of the day, as in this way he may secure a little sleep. Toward the end of the third day, this is more important,

as the close of the disease is to be then expected, and the position for sleep may in some degree hasten its approach. When the critical sleep has actually taken place, everything which can interrupt it is to be obviated. The patient is to be kept in darkness and silence. Whenever he awakes, as he does occasionally, he may be supplied with drink or nourishment and encouraged to sleep again.

The treatment after the paroxysm, has in it nothing peculiar. The convalescence is generally rapid, and the health better than before the attack.

Very little remains to be said of those cases, which fall under the third and fourth classes. It is only necessary to remark, that when we are satisfied that the delirium does not take the place of, or suspend a previous disease, we are to proceed in its treatment much as if the delirium had not occurred ; when, on the contrary, we believe that it does, we are to manage the paroxysm in the manner which has been now described.

ARTICLE V.

A BRIEF MEMOIR OF WILLIAM DOUGLASS, M.D.

BY TIMOTHY L. JENNISON, M.D.
Fellow of the Society.

It is matter of record, that the place of his nativity was Gifford, in the county of Haddington, a few miles from Edinburgh. His father was, in a public document, called a portioner, and had three sons, viz. Cornelius, William, and George, and one daughter, Catharine.[1]

There are good reasons for believing, that his parentage was respectable, and that seasonable care was taken to give him such kinds of knowledge as would tend to qualify him for a medical profession. But it is not known for a certainty under whom he received his earlier medical instruction.

In one of the publications in the Medical Repository, Dr. Holyoke speaks of him as "a disciple of Pitcairne." That eminently learned man died in 1713, when the Medical School of Edinburgh was but in embryo. The superior advantages for com-

pleting medical studies at Paris and Leyden were so evident, that he speedily repaired to the former of those places, in company with Alexander Samdelande and James Stewart, with both of whom he afterwards corresponded. They probably spent two or three years there, attending the public lectures, and other auxiliary studies. There also he imbibed and indulged his taste for botanical science, in the public gardens and elsewhere. And we have good reasons for thinking that he did not hastily leave Holland, as he tells us he was acquainted with the Latin, Greek, English, French, and Dutch languages. In June, 1716, he came to Boston from Philadelphia. During the year 1717, he visited the French and English islands in the West Indies, and returned to Boston in 1718.

Such was his family respectability in Scotland, or his literary merit, that he was the bearer of letters of recommendation and introduction to the venerable Increase Mather, and his son Cotton Mather, as also to Rev. Benjamin Colman.[2] He was courteously received by them, and some degree of intimacy arose between him and the younger Mather. In order to elucidate an important subject which occurred soon after this period, it seems highly proper to state that Dr. Cotton Mather had already been in England and Scotland, where he was treated with considerable attention by many literary people, and then, or soon after, was elected a member of the Royal Society. At that time, and subsequently, the approved papers

of said society were published in numbers, for two, three, or four months each; and Dr. Douglass then held the numbers 339 and 347, containing the publications of that society relative to the new mode of communicating and treating the Small Pox by inoculation. He lent them to Dr. Cotton Mather, and received them again, after he had read them at his leisure. As soon as that odious disease appeared in Boston, in April or May, 1721, it proved of a bad kind, (or was badly treated,) and an alarm was very naturally excited among all ranks of the people.

Dr. Mather having an enthusiastic belief of the safety and salutary introduction of inoculation at that juncture, wrote a circular letter to Dr. Nathaniel Williams, one of the selectmen and a physician, to be communicated to Dr. Douglass, and nearly all the practitioners, inviting them to introduce inoculation, and concludes thus:—Gentlemen, my request is, that you would meet for a *consultation* upon this occasion, and so deliberate upon it, that whoever first begins the practice, (if you approve it should be begun at all) may have the countenance of his worthy brethren to fortify him in it. June 6th, 1721.

Dr. Mather's acquaintance with Dr. Douglass was "but of yesterday," and although he might view him as a young man of much intelligence and merit, yet it seems he did not view him as sufficiently stable and qualified to take the lead in such a novel and

momentous, yet precarious understanding. Unhappily for his temporary peace, he forbore to communicate with Dr. Douglass in any direct way. Neither does it appear that any of the other physicians saw fit to give him early and seasonable notice of the circular. Meantime all the physicians, saving Dr. Boylston, declined meddling with the proposed undertaking. Besides, they did not incline to expose themselves to criminal prosecution, in the supposable case of losing any of their patients. Had Dr. Mather divulged all his views of this affair at first, to Dr. Douglass, candidly and explicitly, it might have greatly abated his decisive opposition, although without appeasing the angry feelings of his townsmen, who had no time for deliberation on the subject. It was wholly new to them, and the dread of it preponderated over every other consideration.

In defence of Dr. Boylston, we may here observe, that although he knew that by inoculating his own family or others, he subjected himself to high penalties, yet it must be said, that the disease was spreading extensively in the town. That the guards who had been placed by the selectmen at the infected houses, had been dismissed as useless; the nurses who had been in attendance on the sick, were every hour walking the streets, to take fresh air, or consult the physicians about any sudden complaints of their patients, without taking any special precautions on their part. His own wife had fled into the country, leaving with him their beloved son, of ten-

der age, and a faithful black servant. Upon these two he decided to make the momentous experiment, and it proved successful. He did not conceal the fact, choosing to abide the consequences. This proceeding, in defiance of the law of the Province for protection against the spreading of infectious diseases; and positive prohibition of the magistrates and selectmen; and in avowed opposition to the well-known feelings of a majority of the clergy, (ten to six) and inhabitants, could not but cause much excitement. The accommodating Governor (Shute) readily accorded with the general feeling; and appointed a day of fasting and prayer to avert the calamity. He and his council thought favorably of the measure, while the deputies took other ground.

Divers pamphlets, twelve or more in number, were published for and against these innovations.[3] The clergy, we have already remarked, were divided, and some of them had much to say on a subject they could not clearly understand.

Meantime Dr. Douglass inflamed with resentment at the ostensible neglect and treachery of Dr. Mather, instantly appeared in opposition to the practice of inoculation, and continued openly hostile to the *mode* of proceeding, while the epidemic lasted.

He withheld from inspection or republication in Boston, the London accounts, (the communications of Timonius and Pylarinus.) Much inkshed was occasioned thereby, and bitter recrimination.

It also became a question of conscience. Those

adults who died under its operation, were considered as self-murderers; and their physicians no better! In the opposition at this time, figured mightily, Mr. John Williams, a tobacconist, in more than one publication, replete with humor, and keen satire, if wanting good logic.

The Rev. B. Colman displayed his talents in a sensible well-written pamphlet. But as it lacked *medical* accuracy, it subjected him to Dr. D.'s irony.

The venerable Increase Mather came out also in an attempt to elucidate the subject, and reprobated Dr. D. as a liar, designing to "jeer and abuse the faithful messengers of God." This hasty assertion ought not to be admitted as approaching the truth; for no one of the American, British, or French biographers, whose publications are known, attach any such imputation to his character. Neither did Governor Hutchinson, who was his cotemporary, knew him well, and besides had an evident dislike to the man.

Neither would he have spared him in that respect, after having publicly noticed blemishes of a fainter hue. Dr. D. took his own way to defend himself. His first letter to his friend, Dr. Alexander Samdelande, in London, bears date December 22, 1721; and was verily a harsh, hasty, offensive production. His mind misgave him before he had closed it, as he adds in a postscript, that possibly he had been too rough in what he had written. He tells his own story, and then relates the arguments brought in

favor of the novelty, and then states his objections to the supposed improved method; and lastly a few remarks on the practice.

His second letter to Dr. S. is dated February 15, 1722. His object in writing it seems to have been to smooth over a part of what he had formerly written. To repel the charge of calumniation from himself, to disavow any imputation on the clergy *generally*, but not on all of them, and is constantly exclaiming against precipitancy in so momentous a concern. He calls it infatuation. And so it was. And if clergymen or others were to attempt the like in the same unguarded way now, they would soon find the strong arm of the magistrate raised in opposition to their project. Writing of President Mather, he says, the *venerable* Doctor Increase Mather deservedly esteemed by all in this country, his name and character with me shall be sacred. No provocation can oblige me to show him any disrespect. Of the son, he writes far otherwise. 'Tis from our enemies that we are to learn *all the truth;* and those best acquainted with Dr. Cotton Mather's private life and literary reputation, must decide whether Dr. D. was justified in stigmatizing him as "a man of whim, credulity, and vanity."

Dr. Mather's circular to the physicians was temperate, judicious, and by no means unreasonable. Neither party had viewed the subject in all its bearings; and both parties were ignorant of the important circumstance, that it was equally as infectious in

the one case, as in the other; and that it would be unfavorably affected by other diseases prevailing in the different seasons of the year. Hence it was, that the advocates for the new mode had not the forethought of forbearing to inoculate in the sickly months, or of secluding their patients from intercourse with others liable to it.

Providentially, the experiment was made in a healthy month, (June) and all the cases in July and August were favorable, excepting one of a lady, who probably had previously caught it otherwise.

Dr. Douglass was not idle or negligent at his post. He fearlessly reprehended what he thought amiss; did not spare the magistrates, the clergy, the physicians, or people of New-England. He assigned as reasons for declining to publish the accounts he had received from England, that he had more regard to the lives and health of his neighbors than thus to lead them into a snare. The obstacles against it that occurred to him, were, that spreading it was felonious, that it was sometimes fatal, that there was much hazard of communicating with it other life-lasting ailments. He censured the rashness of communicating it without taking divers precautions to protect others from its virulence. He exclaimed against beginning the experiment in the centre of the town; where at that time infection was not known to exist. Inoculating indiscriminately patients of all ages, without being assured of success on the young and healthy. Neglecting to petition

the government that none should be inoculated, till a record was made, so that the event should be known, and other precautionary measures taken. He charges the inoculators with *lying* and *equivocation*, while endeavoring to keep the public in the dark. Nevertheless, he admits the possibility of its becoming a specific preventative of the Natural Small Pox, if previously sanctioned by the Legislature, and managed by abler hands than old women, madmen, and fools; and (conjectures) further, that the subsequent evils of it may be obviated by the proper use of *mercury*, antimonial remedies, and sulphur. And wished to have the practice *suspended* in town and country, till some method or contrivance should be found out to make it more easy to the patient, and safe to the community.

All parties seem to have been faulty and indiscreet. Discord and want of harmony naturally followed.[4]

The first idea of a *Pest-house* was suggested to Dr. Francis Archbald, one of the oppositionists, by a common friend in the country. It was unheeded. The newspapers teemed with publications on both sides. Some were no doubt acted upon by others behind the scenes. Others had conscientious scruples in their minds, and many opposed it out of a regard to the public good.

Another writer observes, "How daringly bold this practice! For one single apothecary, without asking the Civil Power, or consent of the neighbors; yea,

against their fears, their cries, their clamors, to infect his family with a disease very mortal, and very contagious! If men, therefore, will have such practice, must they not make them (it) lawful? and withdraw from the community, into such places where there can be no danger to their neighbors, or else obtain common consent."

The account handed down to us by Gov. Hutchinson, of this extraordinary occurrence, is generally correct, but not wholly so. In vol. 2d, p. 273, he says, "Inoculation was introduced upon the occasion, contrary to the minds of the inhabitants in general, and not without hazard to the lives of those who promoted it, from the rage of the people." As the pamphlets published by Drs. Mather, sen. and jun., Dr. Colman, Dr. Boylston, John Williams, and some others, attracted much notice in their day, we cannot readily persuade ourselves that Hutchinson, young as he then was, did not read them at their publication, or listen to the remarks of others about them. One was dated, "From the south side of my Haystack;" another, "E meo mucaco," probably written by I. G. alias Isaac Greenwood, who was soon after elected Professor of Natural Philosophy at Harvard College. Now we must either believe, that Mr. Hutchinson did read the aforesaid pamphlets in a hasty, careless manner, or that he *shut his eyes* against the important fact that *Dr. William Douglass originally loaned to Dr. Cotton Mather the first printed accounts of Inoculation;* as though he was unwilling to allow any

credit to Dr. Douglass in the business. It is also scarcely credible that Mr. H. should not have seen Douglass' *Dissertation on Inoculated Small Pox*, which was published in 1730, and addressed to John Jekyll, Esq. Collector of the Customs in Boston. In that pamphlet, near the beginning, he gives a very modest account of the preceding fact in the following words. "The Small Pox spread in Boston, in New-England, in 1721, and the Rev. Cotton Mather having had the use of those communications, (of Timonius and Pylarinus) *from Dr. William Douglass*, surreptitiously, without the knowledge of his informer, that he might have the honor of a new fangled notion, sets an undaunted operator to work, and in this country, about two hundred and ninety were inoculated."

Be this as it may, we are beholden to the Massachusetts historian in his 2d vol. p. 274, for the following statement, viz. The justices and selectmen of Boston, called together the physicians, who after mature deliberation came to the following conclusion, "that it appears by various instances that inoculation has proved the death of many persons *soon after the operation*, and brought distempers upon many others, which in the end proved deadly to them. That the natural tendency of infusing such malignant filth into the blood of man is to corrupt and putrify it, and if there be not a sufficient discharge of that malignity, *by the place of incision or elsewhere*, it lays a foundation for many dangerous diseases; and lastly, that

the continuing the operation is likely to prove of the most dangerous consequences." We may also bear in mind, that what Mr. Hutchinson was pleased to call credulity in Dr. D. is now well established by observation and experience, to be matter of fact, as that of persons who (believed they) had received the Small Pox by inoculation, taking it *a second time* in the natural way. Of others who perished in a most deplorable manner from the corrupt matter which had so infected the mass of blood, as to render the patient incurable. At other times, he (Dr. D.) pronounced the eruption from inoculation to be only a pustular fever, and that the patient therefore had not the least security against the Small Pox afterwards by ordinary infection. But let us not withhold credit where it is due. Mr. H. goes on to say, "The faculty in general disapproved his conduct, (Dr. Boylston's) but Dr. Douglass made the most zealous opposition. He had been regularly bred in Scotland, was assuming even to arrogance, and in several fugitive pieces which he published, treated all who differed from him with contempt. At other times he pronounced the eruption from inoculation to be only a pustulary fever, like the Chicken Pock, and that therefore the patient had not the least security against the Small Pox afterwards by ordinary infection.

Dr. Dal'Honde's deposition taken to favor the opposition, was a singular production, a lasting blemish upon his pretensions to an honorable standing in the town of Boston.[5]

His presumption in writing such a farrago of inconsistencies was excessive, as its total falsity must sooner or later have been palpable; and if it were afterwards published in London to expose its absurdity, so also did it confirm its effrontery.

Dr. Douglass was at that time about 28 years of age, and probably less discreet than when he published his account of the natural Small Pox, and also his Dissertation on the Inoculated Small Pox, some eight years afterwards; and there is some cause for suspecting that he made use of Dr. Dal'Honde as a cat's-paw. The deposition was written in French, and translated by Dr. D. and Joseph Marion, who was perhaps "a busy-body." The selectmen of Boston at that time, seem to have been unequal to meeting such emergencies energetically; and the "beloved physician" who made one of their board, ought to have displayed more talent as a medical jurisprudent. Too often is our conduct inconsistent when we are hurried away in the vortex of party dissentions. Dr. D. did not divest himself of prejudice and illiberality. He published some flimsy remarks about Dr. Boylston; such as his inattention to procuring pure matter for inoculation; that having but a few patients in the natural way, he had recourse to the pus of his inoculated patients; and hints at the extra-contamination of some, who had been inoculated more than once; and that their subsequent chronic ails would ever be attributed to it. Dr. Boylston was his senior in practice, some twelve

years. Nevertheless, we may be allowed to believe, neither of them could have known much about that business, *at that time*. Dr. Douglass has recorded of himself, that in 1721, he was but a novice in the Small Pox practice.

It was not to be expected that he could have been firmly established in Boston, at so early a period, (1721.) But the decided opposition he made to the new mode of treating the Small Pox, soon brought him into general notice ; and as the danger from that loathsome disorder abated, so did the number of applicants for inoculation ; and ere many months had elapsed, the malady had disappeared. He was highly irritated at Dr. Boylston's proceedings, probably without the most cogent reasons ; and excited a hue and cry against the novelty, as being a rash experiment. But afterwards he retreated, acknowledging the propriety of it under suitable regulations ; and in 1730, when the disease appeared again, he took an active part in promoting it.

While the epidemic of 1721—2 continued, he was a sedulous observer of it in its natural state, and collected materials for his future publications on the subject. He now had leisure to review his earlier studies, and read the practical works of authors, then held in estimation, but with caution. He had been taught to consider Sydenham as the highest authority, in managing the natural Small Pox, and had implicit faith in his correctness, but soon had sagacity enough to see, and shun his few errors in practice, particu-

larly in the use of opiates after purgatives, and using "vitriolics" unseasonably. He laid much stress upon the *lædentia* and *juvantia*. In the account which he has left behind him, recorded in his loose manner, and scattered in too many parts of his summary, we find statements generally, of the numbers and deaths of those who had been the subjects of the disease in both ways.

From this early period of his life, his character seems to have risen rapidly in the estimation of his friends and the public; for we find, that in 1721, he was chosen Vice President of the *Scotch Charitable Society*, which office he continued to hold by annual elections, till 1728, and from that period to the time of his death, he was elected their President. The fair inference is, the members of it considered him worthy of their suffrages, and they had no higher honors to bestow. That society was originally established in 1657,[6] and continues to be cherished by the principal Scotch people in Boston, under an act of the Legislature incorporating it.

He was also acquiring celebrity as a physician, particularly among his countrymen, who to their credit, have long been a pattern for other nations in befriending each other in foreign countries. While a resident in France, after acquiring a competent knowledge of the language, he indulged in botanical researches, making many excursions for that purpose. Afterwards he devoted many hours to it in Boston and its environs. Is he not the only man of that

time in New-England, who did write on that subject and publish the same? His object, besides his own gratification, seems to have been, to induce others to afford their aid towards a system of *American Botany*. In like manner as he professed to publish at first in sheets or pamphlets his summary, to make the labors of future historians less irksome.

And well might he call the work laborious, assigning as a reason, that there was no dependence to be placed on the earlier printed accounts of New-England, since heedlessly they borrowed from credulous writers relating to things long since obsolete. He says Mather's Map of New-England was very erroneous; Southack's yet worse; Oldmixon's British Empire in America, a mere compilation from newspapers. Even Dr. Mather denounced it, saying he found eighty-seven falsehoods in fifty-six pages of it; and considers Neal's history equally unauthentic.

His practical Essay on the Small Pox of 1721—2, was published in Boston in 1730, having been compiled from his original materials, collected during the epidemic. In his address, prefixed to it, he tells Dr. Stewart, [7] "that he secluded himself from all other company but that of his patients, during that sickness, and committed to writing for his own reminiscence and private use, the remarkable cases which occurred, in a very extensive practice." A sound recourse for a useful work. There are too many people eager to write on subjects they understand but partially. For this brief and *original* production, he

appears to have been fairly entitled to the thanks of his contemporaries, as well as posterity. He was aware that his diamond had never been polished; and in another publication he modestly observes that a plantation writer must not be considered responsible for a finished production.

He told us all he knew in concise terms, in the plainest practical language; and if we take it in connexion with his remarks on the same subject, interspersed here and there, in the body of his summary, and in the notes subjoined, it will be found very instructive, and a useful *beacon* to the inexperienced. At that time, 1721, he was young, and never before had seen the disease, although he must have seen the writings of Mead and Friend, besides Sydenham's, and unquestionably failed not to compare their writings with the clinical knowledge he had recently obtained.

His Dissertation *on Inoculated Small Pox*, appeared about the same time in London, printed by W. Innys, we are left to conjecture the cause of its being printed there, without the name of the printer, or the time of doing it as is usual. It must have been written, or rather finished, after the epidemic of 1730, as he says, "I visited in the last *Small Pox* time, many hundred patients. I had not above half a dozen with subsequent imposthumations or boils, and having on this occasion inquired of most of the other practitioners, I find the proportions were very small when compared with these."

He appears to have taken much pains in collecting and compiling it, and says, "I kept a correspondence in England with respect to the benefit of inoculation from *unquestionable* facts for several years." It is probable that he was at heart *always in favor* of the improved method.

But having at first opposed it *totis viribus*, ostensibly, it became necessary to recant decently. On the occasion, he observes, "there have been too early, and too strong prejudices both for and against this method. They seem to have acted the fairest part, who exclaiming against rash and irregular procedure were willing to wait patiently, until time and a cautious experience should direct their judgment."[8]

After the royal family had adopted the improvement, and obviated the risk of criminality, the practitioners in Boston generally resolved to perform the operation when desired so to do, but without persuading or dissuading in the case. Dr. D. then encouraged the same by precept and practice, and his professional duties were arduous.

The Small Pox of 1730 was imported from Ireland in the autumn of 1729, and was confined to a few families till March, when it spread much. The watchers were removed, and it took its course, and (for the first time) inoculation was allowed. It continued till the last of October. It was not so mortal as in the preceding epidemic; but many of the patients labored with *purples* and *hemorrages*. The other physicians hitherto had considered these occur-

rences as a mortal scarlet fever, invading the town at the same time, and as a distinct distemper. Dr. Douglass was the first to point out their true nature, as deleterious symptoms generally.

The Small Pox in 1752 continued several months and was severe. Venesection had been in vogue, but at this period lost its reputation. The method of treating the disease was more judicious, because its nature was better understood. Dr. Douglass was early and ever in opposition to infecting the aged of all colors—gravid women,[9] and all those who were suffering under chronic complaints resisting a cure. In his laborious undertaking, the Summary, he intermingled his view of the disorder; some years after he wrote his Essays and Dissertation; and it well deserves the careful perusal of young physicians; and has been sanctioned by time and experience. Those pamphlets are *wholly his own production*, on subjects highly interesting to New England, and excepting Dr. Boylston's are the only publications of the last century in that day. We have already stated his attachment to botanical pursuits. He says he made a collection of more than eleven hundred plants in and near Boston. And it was his favorite amusement to describe briefly by their classical and proper names, those articles of the vegetable kingdom used as common food.

It is agreed on all sides, that Great Britain is beholden to Lady Mary Wortley Montague, for the early introduction of inoculation for the Small Pox. Many

and lavish are the encomiums heaped upon her for that supposed boon. "With so much ardor did Lady Mary enforce this salutary innovation among the mothers of her own rank in life, that much of her time was necessarily dedicated to various consultations, and in superintending the success of her plan." The Annual Register, 1762, p. 78, says: "the present generation, who have enjoyed all the advantages of inoculation, are inadequate judges of the extremely fatal prevalence of the original disease; and of their consequentially great obligations to Lady M. W. Montague;" other authorities are numerous.[10] Supposing the above remarks to be just, it is equally true, that the British North American Colonies are beholden to Dr. Douglass, for the early and very considerable knowledge of its practicability that was gained in our country the same year. It is true he never claimed to have been the first inoculator, but he was the sole pioneer who prepared the way for its demonstration by his *printed accounts*, which had been published some years before. He either brought them with him when he came to Boston, or had them sent to him afterwards. It has never been denied, that he did loan those two pamphlets (No. 339, and 347) to Dr. Cotton Mather, prior to the appearance of the disease in 1721. Had it been otherwise, the first inoculators in Boston must have waited for the tardy result of the experiments in Europe. So cautious and timid were the inhabitants of England, that for many years they had not inoculated a number equal

to that which occurred at Boston and Roxbury in 1721–2, only, and the accounts of its early success in New England were potent inducements for perseverance on their part.

In May, 1735, the Angina Maligna made its appearance at Kensington, in New Hampshire. The first forty patients, mostly infants, all died; and in a few towns near Portsmouth more than a thousand of all ages and sexes were cut off.[11] Before that period, the Anglo Americans had very generally considered the Angina as an highly inflammatory disease, and treated it successfully. The true nature of this epidemic was tardily displayed at its first appearance—neither does its virulence seem to have excited apprehension as it ought. The physicians were the more blinded, because *neither they* nor other adults became victims to it. Later and more cautious observation taught them that children under the age of pubity were much more liable to its ravages.

In August or September it first was noticed in Boston. The cases were mild, and adjudged to be only "common colds." But the alarm was soon given by the death of a young man aged 20, from the vicinity of its origin (Exeter.) It seems that it had been creeping about nearly a month, before it excited much alarm. "And the physicians having by desire of the Selectmen held a consultation, published their opinion, that it proceeded entirely from some *occult* quality of the air." It seems they were

willing to conceal their ignorance of its true nature, under a vague expression, which had been too frequently found in the writings of Sydenham. The Boston News-Letter of April 9th, 1736, stated that in that town, the physicians did not take it, nor convey it to their patients or families. Dr. Douglass computed the number of the sick at 400, of whom 114 died, which is one in thirty-five. The whole number of inhabitants were estimated at 16000,* and as no one had undertaken to write on this subject, to quiet or enlighten the anxious community, the subject of this memoir had his talents called into requisition by general consent. And as we have no other printed account of this disease, which then prevailed, and as the pamphlet has long since been out of print, we hope to be excused for inserting in this Memoir, his preface, viz.: *Account of the Miliary Fever and sore throat of* 1735–6.

"To a Medical Society in Boston. Gentlemen; This piece of Medical History does naturally address itself to you, considering that I have the pleasure of being one of your number. That you have been fellow-laborers in the management of the distemper, and therefore competent judges of the performance; and that where difficult or extraordinary cases have occurred in any of your private practice, I was favored to visit the patients, in order to make a minute distinct inquiry: in short, without your assistance, this piece would have been less perfect, and not so well

* Holmes's Annals.

vouched. As this distemper continues to spread and prevail, in several towns of this and the neighboring provinces, I thought it might prove a piece of humanity and benevolence, if, after many months' diligent observations, made in the most of the varieties which occur in the illness, I did endeavor to reduce them to some easy distinct historical and practical method. The vanity of appearing as an author or writer, was no inducement, because we all know that in a plantation life, neither honor nor credit are to be acquired by writing. It is not published by way of quack bill, to procure patients, and their money, as has been the practice of some in Boston. And while it prevailed here, I could not well have attended more patients than what I had from time to time under my care, and make with attention the proper observations at the same time. A secondary reason for my writing is, to induce some gentlemen of the profession in our other provinces and colonies, where this distemper does, or may prevail, to give some account of its appearance with them, in order to discover what influence progress of time, variety of climate and soil may have in the phenomena of this disease. This method of taking things originally, that is from the life, if pursued (but by abler hands) in the epidemic distempers which may from time to time happen among us, may be of considerable advantage in practice. A speculation that is a *novelle*, might have been composed sooner, but not a real history. For among naturalists many repeated observations and experi-

ments are requisite to form established truths, or conclusions: so it ought certainly to be in the practice of medicine, where no affair of speculation or curiosity, but life and death of a fellow-citizen is the object of our inquiry. Yours, &c.

W. D.

This his work was published in 12mo., 1736, in Boston, and is the more interesting, as it shows us that Dr. Douglass was in the daily use of mercurial remedies. In 1721 he used calomel in bad cases of Small Pox, and availed himself of salivation where necessary.

Dr. Gale of Connecticut must have been erroneous in his dissertation on inoculated Small Pox, where he asserts that mercury was not used in the American Colonies before 1745.

Lieutenant Governor Colden's Letter to Dr. Fothergill, published in the Medical Observations and Inquiries, Vol. 1st, dated Oct. 1, 1753, says: "What I chiefly learned (about the throat distemper) was from the late Dr. Douglass of Boston, a gentleman of great skill in medicine, and an accurate observer, having corresponded with him while this disorder was frequent where I live. The only successful method of cure was first discovered by him, A. D. 1736, and published soon after; though in the country places very little regarded afterwards. He informed me, that he found well dulcified mercury of use in the *throat distemper*, especially when joined with camphor."

We have good reasons for believing, that Dr. Douglass was in full respectable practice from 1736 to 1745: all the principal practitioners aiding him in framing and publishing the last mentioned work. But the feathers in his cap were soon viewed with jaundiced eyes, and the demon of discord let loose. From his writings it seems he held in very low estimation many of the medical gentlemen in Boston. And his uncourtly exposure of their weaknesses served to make their resentments life-lasting. A few of the physicians in Boston and vicinity cultivated an intimacy with him till the time of his death, which dissolved all associations, rationally or madly formed.[12] A much esteemed medical man, now living, writes thus about Dr. Douglass: "The most that I know of him was from my mother, who had been sick in Boston, and attended by him very assiduously. At this time he was considered a prominent character in his profession, and no doubt he was a learned man. He was a man of violent temper, over which he had little command, and was not on good terms with his brethren of the profession. I was early prejudiced against him, hearing much of him in my early life." On the contrary, Dr. Holyoke, who was the medical instructer of this writer, says that Dr. Douglass "was an intimate acquaintance of some of the most eminent practitioners in Boston."

To calculate, compile, and methodise an accurate almanac, is not boy's play. We find he made one, which has been pronounced "useful for the time, and

now also for its list of chronological events." It was called Mercurius Novanglicanus, by William Nadir S. X. Q. and calculated for the year.

We do not learn that it was an emolument to him, but a monument of his mathematical industry. His contemporary, Dr. Franklin, published an almanac in 1732. He made it both entertaining and useful, and it came into such demand, that he printed and sold near 10,000 annually.

In Watt's Bibliotheca Britannica, we learn that honorable notice has been taken by Dr. Smellie, of a letter Dr. Douglass wrote him, on the use of the forceps in midwifery. His French biographers also say, he wrote a tract (traitè) on the Hydrocele.[13] In the early part of the past century there were in Boston but very few medical men professed *accoucheurs*. Dr. Douglass tells us he was consulted in a few difficult cases of parturition. That practice had Douglass, Bulfinch and Lloyd, for three of its supporters. We do not know that he made pretensions to honorable fame, as an expert practical surgeon.

It has already been noticed, that he he did not conceal his sovereign contempt of medical misfeazances. In more than one place in his writings, he speaks slightingly of many of his brethren, saying, "there is frequently more danger from the physician than the distemper;" and detests the quackery made use of in Boston and elsewhere; and quotes an advertisement in the New York Gazette, Dec. 16th, 1751, which he considers incomparable, if we except one other pub-

lished in Jamaica, (immediately after the great earthquake) of pills for sale *to prevent persons or their effects suffering by earthquakes.*

In the following page he says, "In the most trifling cases they use a routine of practice." Soon after his arrival in Boston, he says, "I asked G. P., (George Perkins,) a noted facetious practitioner, what was their general method of practice? He told me their practice was very uniform ;—bleeding, vomiting, blistering, purging, anodynes, &c.—and if the illness continued there was repetendi, and finally murderandi." Nature was never to be consulted or allowed to have any concern in the affair. His avowed use of mercury induced Holyoke, Stockbridge, Tufts, and others out of Boston to confide in it. Alcalized mercury, as also turpeth mineral, combined with ipecacuanha were favorite remedies.

It is rather singular that in all his medical publications, we do not find any medical instructer named in compliment or otherwise. Probably he was the last of Pitcairne's pupils, and that *learned* physician's biographer tells us he could not induce his own pupils to give full credence to his singular theory. And he makes but one quotation as an authority from him, viz. :—"Dr. Pitcairne's problem *dato morbo, remedium invenire*, is not very intricate, where the nature of the distemper and indications of cure are ascertained." Although some families in Scotland of his name were high in office, and some of them wealthy, yet we have reason to think his father was not afflu-

ent.[14] It behoved Dr. Douglass to acquire and save his property. In Governor Shute's administration, he was much embroiled in the Small Pox controversy while attending to his common duties. In Governor Belcher's day he was a quiet peaceable subject, yet noticing passing events. He seems to have been felicitious at an early day in discerning the very gradual progress of depreciation in the currency, and ever on his guard against its demoralizing effects. He loudly applauded Governor Belcher for his strenuous and unremitting efforts to restrain and cure the evil, and continued to his last hour, denouncing it as a curse of the day. To saveh is earnings, as early as 1724, he with a few associates, purchased of the province, lands at the southwest corner of it in the township called after his name, and interested himself greatly in its early settlement. He gave to the inhabitants a valuable lot for the future benefit of schooling. Also, 400 acres of land near the centre of the town: one half of it for the first settled minister, the other half for the use of the resident minister forever. He also contributed liberally with Mr. Morey towards the erection of a Meeting-house for public worship. We do not know that he made any remarkable pretensions to sanctity of life, but he certainly was solicitous to encourage the few people there, in the observance of religious duties.[15] Many years before Dr. Douglass came to New England, Major Simon Willard and others had established their celebrity for *shooting and scalping* "the sons of the forest."

To compensate for their doughty service, the provincial legislature granted them *twelve miles square* of valuable lands now comprising the towns of Rutland, Oakham, Barre and Hubbardston. In 1736 and 1741, Dr. Douglass purchased of Willard's heirs 3000 acres of those lands as being more permanent property than depreciating paper money. He also made other valuable purchases elsewhere of wild lands in the counties of Worcester and Hampshire, and at the time of his death, resided in the house lately known as the *Green Dragon tavern*. Several other estates in that street, and Hanover-street belonged to him.

He always disavowed any lucrative motives for writing as he did. Undoubtedly he had an itch for political scribbling, and indulged it to excess on some occasions. He was a warm advocate and supporter of Governor Belcher's administration, which ceased in 1741. He extolled him for *adhering to his instructions*, and striving to liberate his own province from the disastrous consequences of a paper medium under the *Land Bank Speculation*. Afterwards he saw clearly that his successor (Shirley) came into office, clothed with *the very same* instructions. Yet, Jesuitically, he overleaped them, choosing to glide tranquilly down the stream with the current; screening his conduct from animadversion, under the lowering horizon of the existing Spanish war; and that he was so hardy as to reinstate his predecessor's implacable enemies in many important offices unnecessarily, and acquiesce in the continuance of the pes-

tiferous system of multiplied emissions of paper money, so long as his perquisites and allowances were made him *in advance*. He openly denounced such management, especially as he was from month to month witnessing nay feeling the depreciation of the currency. He applauded some parts of Shirley's political conduct, but "damned to infamy," more of it. In very truth, he was a thorn in his side. His excellency was alarmed at learning that Dr. D's summary had a keen bearing on his administration, and made repeated indirect efforts to induce him to desist, subsequently endeavoring to obstruct its first 8vo edition. No doubt he thought he was writing, as an historian ought to do, impartially. But we must hesitate in giving full credence to all his asseverations. He has been charged with persisting in his errors, and never retracting them. This is not correct, in one well known instance. Before his death, he saw, and apologized (rather reluctantly however) for his former intemperate remarks on the conduct of Commodore Knowles in 1747, in the impressment of a few apprentices and others.

He was personally known to his excellency before he came to the chair; but probably never was in his good graces. He avowed his independence on political characters, and his easy circumstances, by writing, "Once for all, I declare I have no lucrative views, because, mihi tantum suppetit viaticæ quantum vitæ."

Many of his remarks on the conduct of the clergy favoring inoculation in 1721, when he was compara-

tively a young man, were pungent. Most probably they would have been suppressed, had he been treated by Dr. Mather, according to the *golden rule*. It is also highly probable that he was the first man to inform John Williams, "the tobacconist," that the serene states of Holland made a law to prevent ministers meddling with state affairs: because their work was not temporal but divine; and the intermixing them was not safe for the commonwealth. The law was, "that if a minister intermeddled to dictate people about their affairs, the government was to provide him *a pair of new shoes* and a staff, to lead him to the outside of the town, and let him return to his pulpit no more." Lapse of time has neutralized his caustic remarks about Rev. George Whitefield, who is now considered generally to have been what he professed to be, an honest man.

From the first settlement of Massachusetts, the clergy had had an almost unbounded influence in church and state. The animosities and dissentions aroused by the then novel mode of inoculation for the Small Pox, had much injured them; and loosed the hold they had had on the minds of the community. Many of their friends censured them for intermeddling with the "things of Cæsar." Dr. Douglass made some sarcastic observations which it would better have become him to have suppressed. He was faulty, who is impeachable? The heathen poet long since said, "vitiis nemo, sine nascitur, optimus is ille qui minimis urgetur."

Dr. Douglass says, The society for propagating the gospel in foreign parts is a very good, pious, and laudable design, but unjustifiably managed in British North America; and adduces what he considers strong proof of the asseveration. Often he apologises for the apparent intemperate language he uses, and says, I write with freedom, impartial disinterested readers will excuse me in quality of a disinterested historian. I have no personal disregard or malice, and do write of the present times as if these things had been transacted an hundred years since. If any of them should be angry with me, I give them this short anticipating answer: "I am independent, and of no party, but that of truth."

Elsewhere he says, neither can any man trace me as a plagiary. My own observations, hints from correspondents, and well approved authors, are the materials of my history. Nevertheless he affects to crave a truce with any unknown, unseen rival. "I hope critics, natives of our colonies will not reckon it presumption in me to essay the following account. Especially as at present no native appears to undertake this laborious but useful performance—not of genius, but labor and method to render it distinct and clear." This caveat was written soon after the capture of Louisbourg in 1745, from which it may be inferred that he then had had no intimation that the subsequent Massachusetts historian, (Gov. Hutchinson,) was collecting his materials for composing the very valuable work which he published in 1760, and

the 2d Vol. in 1767. It is well known that Gov. Shirley cherished a scheme very early for surprizing the fortress of Louisbourg, which in fact then had a garrison of six hundred regular troops, besides thirteen hundred militia. As soon as the measure was resolved upon, Dr. Douglass set his face very earnestly against such a hazardous as well as impracticable proceeding. He calls it the very, very, very rash, and very, very, very fortunate expedition against Cape Breton or Louisbourg ; and afterwards he always held it up as *quixotism*, and although it succeeded, he remarked that it was at the loss of 3000 young men to the province, besides those who lost their self-respect, and usefulness otherwise. In a note he observes, perhaps our administration did not understand the doctrine of chances. But by kind Providence, although the chance was upwards of a million to one against it, we gained the prize ; not by playing away men in being killed, but by the poltroonery of the French garrison. It has been said that he furnished many paragraphs for one of the newspapers of that day, predicting an unfortunate issue of the expedition; afterwards he screened himself from ridicule by observing, that fortune always *waits upon blunderers and quacks.* He was a true patriot—censured the British Government for detaching 500 healthy young men from Massachusetts for the Cuba expedition, whereof 450 never returned, causing a heavy and unnecessary loss to our young agricultural country.

Soon after the capture of Louisbourg he began

earnestly to arrange his materials for his historical and political Summary. As much of it had heretofore been published in sheets or pamphlets, from time to time, as suited his convenience, this work in two octavo volumes was favorably received. The first volume appeared in 1749. The second was not finished till after his decease. It embraced an account of all the American Colonies, save a part of Virginia, the Carolinas and Georgia. A very lean sketch of these was supplied by some friend of his from Salmon's Geographical Grammar, 1753. In divers parts of this work he wrote not a few grating remarks upon the political conduct of Gov. Belcher's successor, and never retracted them, because he could not see that any reform in the case had been manifested. It appears also that some parts of the work were exceptionable and offensive. What he then wrote was probably true in the main, but malapropos in its publication. Recently we have been gratified by the long wished for edition of Governor Hutchinson's third and last volume of the history of Massachusetts. Few people could have written so impartially as he did, considering how delicately he was situated. One solitary instance must be excepted. He had been a confidential friend of Gov. Shirley, and labored very strenuously as well as ingeniously to defend his administration in every point of view. To effect that object it seemed necessary to him to degrade Dr. Douglass as a writer of credibility. His own words are, "Douglass had been

bred in Scotland, was assuming even to arrogance, and in several fugitive pieces which he published, treated all who differed from him with contempt. He was credulous."—2d vol. p. 273. In a note p. 80, he says, Douglass, whose foible it was to speak well or ill of men, very much as he had a personal friendship for them, or had a personal difference with them, of which I may instance more especially in his most elaborate endeavors to set Mr. Shirley in a disadvantageous light, by his labored encomiums of several I choose to avoid mentioning, because for some of them he had other foundations, had taken up a prejudice against the two Mathers, father and son, and remarks upon the occasion of this act, (establishment of admiralty courts,) "It is said, that A. D. 1693, there were some Boston gentlemen representatives for some of the out towns, but not agreeable to Rev. J. Mather, Mr. Byfield is mentioned, Mr. Mather of great interest with the weak Gov. Phipps and with the devotionally bigoted house, procured this act." The long continued misunderstanding between Dr. Douglass and Dr. Cotton Mather was notorious. In February, 1722, Dr. Douglass' second printed letter addressed to Dr. Samdelande, came before the public, and has already, in page 201 of this Memoir, been in part quoted, and invalidates the assertion that Dr. Douglass was at variance with, or prejudiced against *Increase Mather*. Douglass and Hutchinson wrote historically of Massachusetts to the year 1750, and the latter in his two first volumes did detect and publicly point out eight

errors which had escaped the forms. A later historian has remarked that Governor Hutchinson knew much more than he chose to publish (in his 2d vol.) In truth the man who writes the history of his own times may not depend on full credence.

Dr. Douglass intended to have a map of New-England affixed to his Summary, composed from actual surveys of the lines or boundaries with the neighboring colonies, and from the plans of the several townships and districts, copied from the records lodged in the secretaries' office, and town-records. This patriotic measure did not go into operation, as he died suddenly before it was prepared.[16]

It has already been noted that much attention was paid to his early education. His subsequent pursuits confirm it. The observations he made and published respecting the variation of the needle, and other abstruse points of literature, are evidence that he had been attentive to important branches of science. His remarks on *holy time* are deserving our special notice. He says the Spaniards of Manilla differ from the Portuguese of Macoa, an island near Canton on the coast of China, about one day. The Spaniards came by the western navigation from New Spain or Mexico. The Portuguese came by an eastern navigation from Europe. This occasions a clashing in their Sunday and other holy days, and is a demonstration that the identical seventh part of time for religious worship, festivals and fasts, cannot in the nature of things be observed, and consequently is not *jure*

divino, but admits of a latitude and variations naturally, or by civil institutions. Thus naturally our New-England Sabbath differs four hours forty-five minutes from that of England, and is observed according to the course of nature. Since the seventh part of time for rest and divine worship cannot possibly be identically the same, but must differ as longitudes do. Some other differences in observation of time are not essential to religion. Some reckon the day before the night, some the night before the day, as do the Mahometans and others.

The old and new styles make a considerable difference in our holy days. They who follow the old style in their holy days are to a demonstration in the wrong. Yet notwithstanding some of the Church of England, and other churches who follow the old style, clamor much against the non-conformist, who do not observe their Christmas, Easter, and other erroneously established holy days. In short, it would appear to a man of an indifferent persuasion void of prejudice, that in the nature of things the Deity has left it with civil power to regulate these matters. As evidence of the correctness of the above, is now added a quotation from Hon. H. Ellis's journal of proceedings, while on the embassy to China, with Lord Macartney in 1817. He says, "Monday, 3d of February arrived at Manilla. From a local difference in the calendar, this day proved to be Sunday with the Spaniards. This difference arises from the Spaniards in their voyage from Europe to South

America, steering a westerly course, and thereby *losing time:* while other nations in proceeding to Manilla, take an easterly direction, and thereby *gain.* Dr. Douglass's observations respecting the *old style* and *new style* in chronology, and weights and measures, are worthy of diligent perusal. So also of the trade-winds his remarks are philosophical.

His account of the *whale* and *whaling* has much interest. It informs us of some curious particulars relative to them. In the various parts of his Summary we have diversified information. He says thirty years' residence and correspondence with some inquisitive gentlemen of the several governments, and much labor and attention on his own part, enabled him to prepare the work, and contribute towards a solid foundation for future historians. He says the *origin* of the party words *whig* and *tory* was first in Scotland or Ireland. *Tory* was a name given to the *wild Irish* popish robbers, who favored the massacre of the Irish protestants in 1641. Afterwards applied to all enormous *high-fliers of the church*, affecting passive obedience and non-resistance as a prerogative of the crown. *Whig* was a ludicrous name first given to the country field-devotion meetings, whose ordinary drink was whig or whey of coagulated sour milk, and afterwards applied to those who were opposed to the *court* interest in the reigns of Charles 2d and James 2d; and *for* the court of William and George 1st.

He made liberal remarks generally about the

Rhode-Island government, failing not however to observe that their judicial oath did not invoke the judgments of the omniscient God who sees in secret, but only *upon the peril of the penalties* of perjury, and illustrates it by the story of two profligate thieves. One of them had stolen something, and told his friend of it. Well, says he, but did any body see you? No. Then says his friend, it is yours, as much as if you had bought it with your money!

He modestly conceals from us in his writings how, when and where, he received his medical diploma.

Before Dr. Douglass had completed the second volume of his Summary, he was seized with sudden and fatal illness. The Boston Evening Post of Oct. 23d, 1752, furnishes the following obituary notice. "Last Saturday morning died here, very suddenly, Dr. William Douglass, who for many years has been a physician of the first character in this town. His superior knowledge in the different branches of literature, especially those which more immediately related to his profession rendered him eminently useful to the public, and has given him a distinguished name in the learned world."

In the earlier part of his life, he lived in a house adjoining the meeting-house in Hanover-street (Welstead's.) He was the owner of the Green Dragon tavern, so called, and other valuable estates in the same street, and in Hanover-street.

The cause of his death and attendant circumstances remain undiscovered after many diligent inquiries.

The years of his life are not certainly known. Bartlett's account of medical men, read before the Medical Society in Boston, makes him to have been aged fifty-seven. To invalidate Bartlett's calculation we quote the following extract from Douglass's own work, vol. 1, p. 109: "As no man is born with the instinct or innate knowledge of his native or mother country, nor generally enters upon such researches (historical) until Æt. 25, therefore, a person not a native, but not a foreigner, who comes into any country *at that age*, and enters upon, and prosecutes such investigations from personal observations and creditable correspondences, for a course of *thirty years*, may be said as if born in the country." What is last quoted was written in 1747. He lived *four or five* years longer. Now by adding 25, 30, and 5 together, their product will be 60, which was probably the number of years of his life.

At this period we are not possessed of any evidence that Dr. Douglass ever had been a candidate for holy matrimony. Perhaps he was less censurable than censured. The asseveration of an ancient lady of correct habits, serious deportment and unclouded intellect yet living, has favored the writer of this Memoir with a few stubborn facts, heretofore stated, relative to his son. His own printed account of his mode of rearing the child, and educating the lad, convinces us of his warm attachment to him at his prattle age, (as he calls it.) As he had no near relatives of literary character, he gave his books and

manuscripts to his son, when only three years of age, in the secret hope, no doubt, that he would have literary taste and opportunity of indulging it, at mature age. But alas! the parent was not permitted to live to give his darling child the superior advantages which he had planned, and fondly anticipated. Dark and mysterious are the ways of the Almighty. It becomes us to bow lowly at his footstool, in token of our submission; and acknowledgement that "our ways are not like his ways, nor our thoughts as his thoughts."

Notes and Illustrations.

[1.] From records in the probate office in Boston it appears George Douglass, portioner of Gifford, and factor for John Marquis, of Tweedale, died leaving issue, three sons, viz.: *Cornelius*, *William*, and *George*, and one daughter named *Catharine*. *George* died young, unmarried. *Cornelius* the eldest son married, and left a son Cornelius, who inherited the estate of his uncle, Dr. William Douglass, jointly with *Catharine Kerr*, who afterwards married ——— Robinson, in Boston. Cornelius, the father, is also called surgeon at Gifford and portioner.

[2.] Vid. pamphlet, "Friendly Debate." p. 20.

[3.] The pamphlets published pro. and con. at Boston, are preserved in a small 12mo. volume in the public library. The following is a list of them, viz.: Zabdiel Boylston's Historical Account published in Boston, New-England, 12mo. 1721—Benjamin Colman's Observations on Inoculation, 16mo.—Do. in favor of do., 16mo. 1721—Inoculation of the Small Pox, as practiced in Boston, considered, 16mo. 1722—Practical History of a new Epidemic and Eruptive Fever, 8vo. Boston, 1736—Cotton Mather, D. D. Letter in Defence of Inoculation, &c. 16mo. Boston, 1721—Remarks on a pamphlet on do. 16mo. Boston, 1721—*Friendly Debate*, Dialogue between Rusticus and Academus, 16mo. Boston, 1722—*Abuses* and *Scandals* of some late pamphlets, &c. 16mo.—Postscript to do., &c. obviated, 16mo. 1722—*John Williams's* Argument, against Inoculation, 16mo. 1721—Answer to Pamphlet, &c. 16mo. 1722—Vindication of the Ministers of Boston, &c. 16mo. 1722.

[4.] Dr. Cutler in a letter to Dr. Zachary Grey of London, dated May 30th, says, "The Small Pox is now overspreading this town, (Boston,) and strikes terror into the whole country. The contagion has proved mortal to many, and has therefore inclined great numbers to venture upon inoculation, which has been attended with great success. I have submitted my wife and seven children and a servant to the practice. The most visible effect of this affliction is *to set us in parties*. The main of the church are against it; and it seems that he is no Churchman or Christian who is for it.

[5.] Doct. Dal'Honde's deposition was published at length in Hutchinson's History of Massachusetts. He was an intimate acquaintance of Dr. Douglass, and gained considerable patronage as a physician. Dr. John Sprague the elder, who married Dal'Honde's daughter, was a pupil of Dr. Douglass at the time of his death. After-

wards he finished his studies with Dal'Honde. During that time, by mere inadvertence, he offended his preceptor, and was censured severely. Sprague pocketed the affair for a while, till he could balance the account to his mind. Dal'Honde was in the habit of riding about the town a favorite mare. On a certain Saturday the beast made a false step and fell with him in the street. He was much alarmed, and directed Sprague to write a note, to be read at Dr. Sewall's meeting the next day. The young man wrote it to please himself, as follows:

> Lawrence Dal'Honde desires your prayer
> For falling off his little dumb mare.
> He breaked no bone, nor bruised no meat,
> He isn't very bad; he wont die yet.

[6.] See the records of the Society.

[7.] Dr. James Stewart was a near relative of the Earl of Bute, and brother or other near relative to Lady Montague, who had not long before returned from Turkey, where her eldest child had been very successfully inoculated for the Small Pox. Her high rank in society, and celebrity as a patroness of inoculation induced the Princess of Wales to interest herself in the practice, and had her own children inoculated soon after. Dr. Douglass says "Mr. Amyand Serj. Surgeon was ordered to ingraft the Small Pox on the Princess Amelia, Æt. 11, and Princess Caroline Æt. 9; they had them favorably." Dr. Boylston was in London *afterwards*, and urged to publish his account of inoculation at Boston in 1721, and as a further inducement to print the work, he had her permission to dedicate it to her. These facts seem to account for the dedication of Douglass's Practical Essay on the Small Pox in 1721, *to Dr. James Stewart in London*, although it was printed in Boston. Dr. Stewart was also *then* one of the king's physicians. We may also surmise that Dr. Douglass had some jealousy of the apparent patronage bestowed on Dr. Boylston as principal inoculator in America, and had a desire to show to his readers, both here and in Europe, his correspondents of high literary standing, although they should not be of a princely grade.

[8.] Dr. Douglass's *Dissertation* on Inoculated Small Pox must have been printed privately *in London* in 1730, although dedicated to his friend John Jekyll *in Boston*, by W. Innys's at the west end of St. Paul's church-yard, as appears by Innys's advertisement of certain books printed on the last page of Douglass's pamphlet for sale. One of them was Fuller's Extemporaneous Practice, 4th edition, which had not been printed earlier. It is probable Mr. Innys was directed to print it in a handsome manner, (large type, but without date, place, or name of the author,) yet he betrayed the secret by his advertisement

on the last page. It appears also from Nichols's Illustrations, vol. 1, A. D. 173–, "In this year, several valuable books were produced from the press of Mr. Bayer: 'A Practical Essay concerning the Small Pox by Wm. Douglass, M. D., to which is added, a Dissertation concerning Inoculation. &c. 8vo.'

[9.] In 1757 the Small Pox was very rife in Halifax, Nova-Scotia. At that period one of the principal ladies, then being far advanced in pregnancy, (6th month) wrote as follows to her friend in New England: "When the Small Pox began to spread, it was not convenient for Mr. ——— to leave Halifax, as the court was about sitting, and I did not choose to leave him. I can't say I was in that great terror of it as I have been. I proposed to several surgeons to inoculate me, but they declined it, imagining I might possibly escape, if I confined myself to the house, which I have done for some months past, excepting when I was with my next door neighbor, poor Mrs. —— in her travail. The Small Pox appeared thick upon her a few hours before she was delivered of twins. One of them was dead born. She died the next day. The other twin had the Small Pox a week after. Several very near to me had died of it, and I think I have been in as great danger as I can be. I have been very ill this month past, seized with a violent fever, though it soon went off, but left me extremely weak, with a most terrible cough, that I am hardly able to write." This letter was dated in Dec. 1757. The writer of it from the necessity of the case was inoculated, and passed through it without any distressing circumstances occurring. Her offspring perished in embryo, but her health was restored in due time.—*Manuscript.*

[10.] Vide Mon. Nontraye's Travels in the Levant and this Country, 3d vol. folio.—Also, Philosophical Transactions, 1757, No. 71.—Also, the Gentleman's Magazine, No. 27, p. 406.—Also, Infancy, a Didactic Poem, by Dr. Dawnman.

> "She hath been the cause
> Of heart-felt joy to thousands—thousands live,
> And still shall live, through her."

The Plain Dealer, No. 30, July 3d, 1721, has a panegyric, which precludes the necessity of any other. It is an observation of some historian that England has owed to woman the greatest blessing she has been distinguished by; in the case we are now upon this reflection will stand justified. We are indebted to the reason and the courage of a lady for the introduction of this art, which gains such strength in its progress, that the memory of its illustrious foundress will be rendered sacred by it to future ages. Vide Memoirs of Lady Montague and her poems.

How am I chang'd! Alas! how am I grown
A frightful spectre, to myself unknown!
Where's my complexion? where my radiant bloom,
That promis'd happiness for years to come?

In 1736 Dr. Franklin lost one of his sons, aged four, by the natural Small Pox. He writes, "I long regretted him bitterly, and still regret that I had not given it to him by inoculation. This I mention for the sake of parents who omit that operation, on the supposition that they should never forgive themselves if a child died under it: my example showing that regret may be either way; and therefore the safer should be chosen." In page 178 of his Memoirs we find the following observations, which *time must test.* It is now more than a century since inoculation was introduced into Europe and America. And it is so far from being general at present that it will perhaps require one or two centuries to render it so. The same probably will be the case with respect to the *vaccine* inoculation, although undoubtedly its progress has hitherto been more rapid.

[11.] The fatality of the disease, (throat distemper,) at first in New Hampshire, was truly terrific. A pamphlet printed in Boston, for *Eleazer Russell*, in Portsmouth, in 1736, is yet in preservation. From it we learn the number and ages of those who died in the few towns then scourged by it.

[12.] Dr. Francis Archbald, Dr. Kennedy and Dal'Honde, three of his intimate friends. The first came to Boston a few years before him, and the two first had been surgeons in British ships of war, on the North American station; and Dal'Honde had been an army surgeon in Italy, as Gov. Hutchinson states in his History. Archbald and Kennedy were professedly of the Independent or Congregational persuasion. Dr. Douglass seemed to have adopted the opinion of Mr. Locke, as stated by him in a letter to (Rev.) Mr. Bold, dated *Oates*, May 16, 1699, in which he says, "I design to take my religion from the Scriptures, and then, whether it suits or suits not any other denomination, I am not much concerned; for I think at the last day, it will not be inquired whether I was of the Church of England or Geneva, but whether I sought and embraced truth in the love of it.

[13.] On a du meme auteur un lettre au docteur Wagstaff sur l'inoculation public en 1722, et un traitè sur l'hydrocele qui parut vers 1755. Ces èrits sont en Englais.

[14.] His grand-father was George Douglass, a portioner of Gifford, in the County of Haddington, near Edinburg. He is also called (in recorded depositions) factor for John Marquis of Tweedale. He left three sons, *Cornelius*, *William*, and *George*. The latter died young, unmarried. Also, one daughter, named Catharine, afterwards

married to ——— Kerr, who left only one child, named Catharine. Cornelius, the eldest son, was a surgeon and portioner of Gifford. Cornelius, the grand-son of George Douglass and Catharine Kerr, appeared in 1753, and were allowed to take peaceable possession of all his real estate. In 1748 Dr. Douglass signed a deed to his natural son William Douglass, in consideration of the love and good will he had for him of *all his books, manuscripts, household furniture and his negro man Abba.* This deed was acknowledged in 1751, and delivered to Mr. ——— Smybert, the painter in 1752. As the heirs at law of Dr. Douglass were neither of them literary characters, we may readily account for his giving to his son all his books and valuable manuscripts and papers. But we are left to conjecture wherefore he forbore to make a deed of any part of his real estate to his child, then only three or four years of age. The *Green Dragon Tavern* in his inventory is called *his mansion house.* The amount of his estate, exclusive of his book debts, as by appraisal, 3184*l.* 17*s.* 10*d.*

[15.] Madam Turell, aged 92, says her father ——— Morey was an intimate acquaintance of Dr. Douglass, and owner of a large landed estate in Pomfret in Connecticut, where Dr. Douglass was interesting himself to encourage the settlement of the town afterwards called by his name. Each of them subscribed liberally towards the erection of a meeting-house. At this time they were journeying from Boston to Pomfret, and put up for the night at Captain Hill's, a settler there, and before retiring to rest the family were called together, and Dr. Douglass made the prayer.

[16.] See the proceedings of the General Court, 1753. Cornelius Douglass, the administrator on his uncle's estate, presented a petition to the Legislature praying for aid from the government in completing and publishing said map. The committee reported unfavorably to the petitioner. At this day (1831) we do not know the accuracy used in preparing the map; but it has lately been said that the Rev. William Gordon, D. D. author of the first published History of the American War, valued it highly, and had it in his possession, at or about the time he left the United States. In vol. 1, p. 404, in a note he says, "In my amusement hours I have composed the actual surveys (as upon record) of each township and district in the colonies of *New England*, into a plan of about three and a half feet square, by a scale of five miles to one inch. This plan of many years collecting, and perfected at a considerable charge, is a free gift, for a public benefit to the provinces of New England. Each township or district is to have a copy gratis, to be lodged in the town clerk's office."

ARTICLE VI.

IRRITABLE UTERUS.

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I HAVE chosen for the subject of this discourse IRRITABLE UTERUS. It has for the first time been quite recently described. This fact of its comparative novelty may give to it some interest. But it has others. The disease is a very painful one; of great obstinacy even under very careful and appropriate treatment, and is liable to recurrences as well as exacerbations from causes which the most prudent cannot always escape. It has local symptoms sufficiently distinctive; yet it is very likely to be confounded with many other, and better known affections of the womb. Mistakes in diagnosis therefore must have been hitherto very common, and must frequently have led to opinions as to the chances of recovery very painful to the patient, while at the same time she was subjected to treatment, much of which could only have added to her discomfort and misery.

Still these patients did get well in the great majority of instances; but while the prognosis was thus

falsified by the event, the patient was the principal gainer. The profession has found little added, at least to its active means, in the management of a painful and protracted disease, for recovery often takes place when the least efficient are employed ; nay, when the disease and the patient are left quite to themselves.

I have referred to local uterine symptoms. But there are others which appear in parts very remote from the uterine system. These imitate in their variety all sorts of maladies ; and by their persistancy, apparently afford sufficient reason for the pathological views which have been taken of them. Here again erroneous diagnosis has led to evil. This remark is supported by what may be found in books on the diseases of women in all periods of medical history. Its illustration is at hand in the latest, our own, in much that has been written on *mimotic* diseases, so called ; and also in certain views concerning a pathological state of the spine, which have been so strongly urged by those who first advanced them, and which have found here as well as abroad strenuous advocates.

The name given to this disease is Irritable Uterus. and the affections with which is is frequently found accompanied, have been designated "Disorders of Females, connected with Uterine Irritation." These terms are used to express a state or condition of the womb, on which some peculiar morbid manifestations depend ; and it is perhaps not easy, or very important for a name to do more. *An exalted sensibility, rendering pressure on the part affected in some cases*

insupportable, and in all painful;—pain more or less severe at all times, and thus independent of pressure,—these, with certain functional derangements, and various sympathetic affections, are among the elements of this disease. In farther treating my subject, I shall first describe irritable womb: giving its history under the heads of subjects, causes and symptoms,—secondly, offer some explanation of the cause or connexion of its facts, with a view to its theory, —thirdly, give the diagnosis, perhaps the most important inquiry involved in the discussion; and, lastly, the treatment.

And first, of the History. Irritable womb appears in two very different classes of patients, and it would be very useful in the management of each case, could we ascertain beforehand to which class it belongs. The first class embraces all those cases in which the general health has long been impaired, but in which we have not been able to discover any paramount local derangement. This state of general feeble health may continue a long time, and at some remote period, local irritation, of the womb it may be, or of the spine, or other part,—of the first most frequently,—will show itself, and we may have presented, and very suddenly too, its special local symptoms, and at no distant period, its sympathetic affections. The womb, it was said, most readily betrays irritation, and because its healthful functions are very readily disturbed, and from slight causes, in this class of cases, and such disturbance alone may at once become the exciting cause of our

disease. A new aspect is now given to the case. The negative symptoms, if I may use the term, assume a positive character; the disease acquires a local habitation, and a name, and preserves both with an obstinacy which a gradually accumulating predisposition almost always ensures.

The second class embraces all those cases in which little or no derangement of the general health has been before noticed; but in which a marked, and it may have been, accidental, derangement of the uterine functions has been experienced. Here uterine irritation is the first morbid phenomenon in the series, the more general affections being wholly consecutive. The disordered state of the womb then, which is followed by irritation, may be strictly idiopathic; at least we may fail to trace it to any general or local cause.

Uterine irritation rarely occurs before twenty, though it has been observed as early as the eighteenth year. It requires for the most part, for its perfect development, a state of the womb which is rarely produced by a short or temporary continuance of disturbing causes. Months and even years may elapse under the operation of such causes, before the organic predisposition has been brought about. There is much however in the previous condition of the individual which deserves notice. From the establishment of menstruation, there may have existed marks of bad uterine health. The disturbances which attended its beginning, may have characterised its subsequent periods, and gradually that state be produced on which we have supposed the whole mani-

festations of irritable uterus to depend. Irritable womb then, if not strictly a disease of the young, may be in a forming state from the beginning of puberty. The symptoms of this state are excess or deficiency in the quantity of the catamenia at each natural period, and a too frequent or too rare recurrence of the menstrual function, with an unusual sensibility of the pelvic viscera, and more or less marked general derangement; this last appearing under the various forms of an accelerated and easily excited pulse,—variable temperature,—more or less derangement of the chylopoietic viscera,—and lastly, much susceptibility of moral impressions. The careful investigation of all these facts is of exceeding importance. Their management will do much to prevent or to accelerate the invasion of irritation; and one modification of it, viz. that in which irritation is not yet excessive, may be present for some time without being recognised, and may be much exasperated by the use of means addressed to some one of its occasional symptoms.

A predisposition to irritable womb, may be looked for in that condition of the organ which induces dysmenorrhœa, and menorrhagia, and it has in fact been considered to be a protracted form of the first named disease. But painful menstruation may and does exist independently of uterine irritation, and the occurrence of the former along with the latter, when fully formed, is so common, but at the same time so easily accounted for, that we are not to be surprised that the order of occurrence of the two events has

not always been accurately traced. I speak of dysmenorrhœa here, not precisely in the technical use of the term; I only mean to express by it, the fact that menstruation is painful. I have, I may add in passing, seen it in its true character, the discharge consisting principally of a semi-organised membranous texture, in a case of exquisite uterine irritation. Predisposition, farther, may be produced by frequent abortions, especially when they rapidly succeed each other. Susceptibility of impregnation, it has been asserted, does not exist when the disease is fully formed. I cannot but think, however, that I have met with striking exceptions to the rule, if the wider observation of others have established one.

The exciting causes are such as directly or remotely act upon the womb. Among those which may be named as belonging to the first, are astringent and cold injections into the vagina, either to suppress or check excessive lochia, or menorrhagia. Another is the pessary. I have known a very obstinate form of the disease to follow the use of a pessary, introduced to obviate great uneasiness in the pelvis, accompanied by slight displacement of the womb. It has also followed the long continued use of the same instrument, which has been allowed to remain, and becoming foul from neglect, has produced the disease. Other causes are, various forms of over-exertion, as fatiguing exercise, or long-continued standing, either too soon after premature confinement, or during the catamenial period. No existing cause is so distinctly recognized by all who have paid most attention to irri-

table womb, as this single one of excessive bodily exertion. What is quite worthy of remark here, is that a disease, which a single act of imprudence may excite, and from which we might look for recovery in temporary rest, will, from the moment it begins, go on with scarce any interruption, and produce years of misery. This teaches how near is the state of predisposition to the fullest development of the malady. The precise agency of exercise in producing it is not easily explained. It certainly is not by inducing prolapsus, for though they frequently exist together, at least some slight displacement, true prolapsus, I believe, is not an essential element of the disease.

Of the Symptoms. These have regard to the womb and its neighbourhood, and to the system generally. Of the first is pain in the lower part of the abdomen, referred to the brim of the pelvis, most severe just above the symphysis pubis, and always increased by pressure. The course of this pain will be very distinctly pointed out by the patient, and her account will be abundantly verified by passing the hand or finger in the direction thus indicated. Other neighbouring parts are seats of pain, as the loins, the sacrum, and the thighs. Bearing down, at times, accompanies these last, especially during the menstrual periods.—These symptoms are aggravated by exercise, and by the erect posture, and the patient now finds added to them lancinating pains through the pelvis, shooting from the neighbourhood of the symphysis on the inside, to the opposite point in the hol-

low of the sacrum. The operation of an active cathartic, especially such as excites the large intestines, and their lower portions, are attended and followed by a similar aggravation of symptoms. Such cathartics increase the ordinary motion which attends dejections, and in this way act as other exertion may.

It is in the womb itself we discover the symptoms which are most distinctive, and one of which has led to the name which the disease bears. The finger being introduced into the vagina, and applied to the neck of the womb, finds this last in the great majority of cases exquisitely tender, barely tolerating the slightest pressure; the pressure often exciting paroxysms of intense suffering, which may continue some time after their exciting cause is removed. I have described the state of the neck, in the perfectly developed disease. Different degrees of the same are noticed in various cases. In those of the longest standing, and in which the symptoms in other organs, or parts of the body, have acquired the ascendancy, the uterine irritability may be much diminished, and in some is so slight that the patient suffers comparatively little during examination. I refer to this fact here because in the management of such a case, the state of the womb may be the true cause of the continuance of the symptoms referred to, while its own morbid sensibility is so much diminished as not to be duly estimated in our investigation of causes. This tenderness in many cases, and by the observation of some writers, is in all confined to the neck of

the womb. I have attended to this statement very particularly when examining patients, and have been led to think that it is not so universally true as has been asserted. Thus, on examination by the rectum, by which the body of the womb may be felt; and per vaginam, by carrying the finger to, and around the cul de sac, formed by the connexion of the vagina with the organ, and pressing in these situations as high as this may be done, more pain has been felt and complained of than is ordinarily experienced in other, and especially the healthful condition of the womb. Another symptom has been mentioned as peculiarly distinctive. "This is a pulsating, throbbing, or fluttering sensation within the vagina or pelvic cavity." It is farther described, as differing much in degree in different cases,—is not constant, and is various in degree in the same patient at different times. I have met with sensations resembling these; but they were referred to situations above the brim of the pelvis, rather than to its cavity. I have not discovered tenderness in the vagina. Various disturbances in the uterine functions, occur in irritable womb. Menorrhagia is very frequent, while the catamenia may be deficient, in some cases, and amenorrhœa exist in others. Dysmenorrhœa is common. But perhaps the functional derangement which has been most frequently met with is leucorrhœa. One observer has never known impregnation to take place in a subject of this disease; while another has known irritable womb to continue through the whole of pregnancy.

The womb undergoes some change of place. It does not amount in the majority of cases, to what is understood by prolapsus, though in some the fall is considerable. It is lower than natural, but still not so low as to explain at all the symptoms of irritable womb. In the diagnosis it will be more fully stated in what the two diseases differ from each other.

Along with these uterine symptoms, and supposed to be connected with them in the relation of cause and effect, various general and local affections have been observed. So distinctly are they brought into view in this connexion, at least by one writer, and so clearly present were the leading pathognomonic signs of irritable uterus in his cases,—and more especially, so certainly were they removed by remedies addressed directly to the womb, that an account of this affection would hardly be complete which did not distinctly notice them. They may belong to predisposition alone, in particular individuals; but they were nevertheless so constant in numerous cases, that they can be gotten over only by supposing that uterine irritation did not exist, and that the author was describing some other disease. It is, finally, from the correspondence of my own observation with these views, that I shall next proceed to describe some of the general, and sympathetic local affections with which this disease has been observed to be accompanied.

No diseases affect the whole aspect of the female more strikingly than those of the uterine system. This, which is especially true of its organic affections,

is true also of its functional. The physiognomy, if I may so apply the term, of all these disorders, is so marked, that the accurate observer may almost infer from it, not only the seat, but often the nature of the malady. The exceptions are individuals of originally firm constitution, who are plethoric, and fleshy, and in whom the disease has been induced by the force of the exciting causes acting on an organ possessing no special predisposition to this or any other malady. Time will, however, reduce even these to a very near resemblance to those of a very different constitution. The general aspect in irritable womb, manifests great debility; the skin is pale, and the more so, as menorrhagia, and especially leucorrhœa exists,—the flesh is flabby,—the countenance anxious, or expressing not only a present suffering, but bearing the traces of much and frequent misery. If we observe the motions of the patient, such movements as the ordinary courtesies of a visit may give rise to, we shall find these made with care, and obviously with increased uneasiness, if not positive pain. I have known turning in bed, or merely moving in a chair, to be accompanied by such expression.

If we examine the pulse soon after our arrival, it will be found rapid, and it may be small; but while we are feeling it, we may find its numbers rapidly to diminish, and a greater fulness developed. The pulse may even become slow and soft, losing these characters however under any new excitement of the moment, and then shortly again acquiring them. The pulse may in other cases be permanently rapid,

and small, and hard,—or frequent, full, and soft. Its state then is not to have an undue influence either in diagnosis or treatment.

Headach is a frequent symptom of irritable womb. It may take a chronic form, being in some cases always present in variable degrees ; in others occurring from very slight causes after various intervals of ease. Confusion of head,—imperfect vision,—ringing in the ears,—throbbing,—depressed spirits, with difficulty of fixing the attention long on any thing but the patient's own personal troubles, are also among the symptoms which may be referred to the head, and the cerebral functions.

In the thorax, we have pain, especially below the left mamma, and about the edges of the ribs of the same side. This pain may, and does in many cases exist entirely by itself, unaccompanied either by dyspnœa or cough, or by increase during respiration, however full and deep this last may be. It does indeed exist along with the symptoms which are ordinarily associated with severe local pain in the chest, however circumscribed, such for instance as pleurisy. Cough is one such complication ; being in some a dry, suppressed, hecking cough ; while in others it is full and sonorous. Long before irritable uterus had been pointed out as a peculiar affection, this had been noticed, and the appropriate designation of "uterine cough," had been employed to express it. Some times there is hemoptysis. I have met with this last always alarming symptom, (though always least alarming to patients suffering uterine irritation) in an une-

quivocal case of the disease, which was accompanied with severe menorrhagia, with leucorrhœa, and distressing headach. This was in a young woman of eighteen, of a full plethoric habit, who had in early life been of very active habits, and who had suffered much general disturbance from passing suddenly to sedentary occupation, and in whom the uterus had early manifested functional derangement.

Pain in the left side is sometimes attended with violent palpitation, acute pain in the precordia, and great dyspnœa. The sufferings of such patients are intense, and exercise is rendered impossible. Now, during this effect of uterine irritation originally, and during the positive rest imposed on the patient, the local uterine irritability may greatly subside. True hysteria is at length fully developed, and so disguised may this be, that nothing short of acute inflammation, with organic disease of the heart or the lungs, can be believed to be sufficient to produce the symptoms. I have met with an extraordinary case of this kind. The attack was reported to have been sudden, and up to the time of the invasion of the thoracic symptoms the uterine function was stated to have been healthful. For the violence of the dyspnœa, and the exquisitely painful palpitation, bloodletting was resorted to in the failure of all other employed means to give relief. Relief followed, and so did a paroxysm. Bloodletting was repeated again and again, so that at the end of two years and a half from the first attack, and at the time when I first saw her, I learnt she had been blooded ninety-three times. Her ap-

pearance was quite remarkable. The whole surface, the tongue, and inside of the mouth were bloodless. There was not extreme emaciation ; the appearance was most like that of a woman, of nearly average health, who had just escaped with life after uterine hemorrhage. Her voice was extremely feeble, and her countenance contrasted strongly with the unusual brilliancy of her large dark eyes. The pulse was one of extreme irritation. The superficial veins, to the smallest noticeable ramifications, contained blood of a bright arterial colour. She suffered severely from headach. The appetite was almost nothing, and I learnt she had lived during her long and exhausting illness upon the smallest amount of food. Soon after I saw her, she was seized with a very severe paroxysm. Receiving but partial relief from the various means used, and having been most urgent for a repetition of bloodletting, pleading for it as the only means of preserving life, or of making death more easy, her demands were acceded to, and six or seven ounces of blood were extracted. Relief was obtained. The greatest difficulty was experienced in suppressing the after-hemorrhage from the orifice in the vein. The blood flowed as from an artery, and much was lost before it was controlled. It seemed as if the communication between the arteries and the veins had been so much changed from their natural state by previous bleedings, or other causes, that the two formed common canals. This patient soon passed out of my observation, and not long after died. Examination after death did not

discover the least disease either of the organs of the thorax or abdomen, and no effusion. The greatest paleness existed every where. The womb was not diseased. The ovaries were both enlarged, and that on the left side was dark, as if from congested or coagulated blood. I was not present at the examination.*

Pain in the right hypochondrium is also named amongst the symptoms of irritable uterus. This in many cases exactly imitates diseased liver, and in all resembles it so nearly as to be taken for it. The ordinary treatment of that disease answers no good purpose in this imitation of it, except where the secretions are manifestly disturbed. It is probable that these symptoms belong to an exceedingly irritable state of other abdominal organs, particularly the

* This case proved fatal. There is, however, so much resembling it, and the symptoms of similar diseases of females in the following, from Mr., now Sir Charles Bell's work on the Nervous System, that I have transcribed it. The reference made in the extract to the ovaria as the source of irritation, finds some confirmation in the appearances of these organs in the above case.

"All the subjects of these odd cases, which we do not understand, get well. This is consolatory to the patient, certainly, but not very satisfactory to ourselves. Ought it not to be a question, what nervous affections are consequent on trivial irritation? Without entering on the question, whether disordered health be followed by the imperfect and deranged action of the uterine system, or whether the latter be the primary disorder,—the ovaria are the source of irritation; and the consequences are exhibited through the most susceptible system of nerves, the respiratory system. Hence the disorder of the stomach, the spasms, globus, the difficulty of deglutition, the aphonia; hence the affections of the countenance, the tears, the sobbing, and spasms of the eyes and face, and throat, and chest, and stomach." †

† Exposition of the Nervous System. By Charles Bell, F. R. S. Appendix, p. 122.

large intestines. Of these the colon is the principal one, and in various portions of this organ, or in different parts of the abdomen, its morbid condition discovers itself. It does this most frequently in the form of severe colic. I may add, that this is a most troublesome and distressing complication in these cases,—that it is very easily excited,—that its causes are avoided with great difficulty, however prudent may be the patient, and that the professional management of it is sufficiently embarrassing.

Another symptom under this head is tenderness, with or without tension of the abdomen, which, with the increased heat of the surface, and the accelerated pulse attending it, might lead to the notion that peritonitis was present. This tenderness is sometimes so acute that the slightest pressure, even of the bed clothes, is almost intolerable. In some cases the pain affects the epigastrium, and in others, the lumbar or iliac regions, and is frequently accompanied with distinct swelling of the part. The stomach suffers in this disease, either from direct sympathy with the womb, or from taking part with other organs in the general disturbance which is induced. The bowels are also disturbed in their functions, costiveness being the most common form under which this is manifested. Pain is also complained of in the kidneys,—course of the ureters, and in the bladder, the pain in the latter being accompanied with dysuria.

I have now described irritable uterus, and I go on in the next place, as was proposed, to inquire into its nature, and to offer some explanation of the facts which have been brought into view.

The terms *irritable* and *irritation* have been adopted, not because they are considered to be the best, but rather for the purpose of distinguishing the disease from others with which it was forseen it would be easily confounded. Inflammation is such a disease; and though perhaps in its simplest forms it is not very frequently met with in the womb, still it has symptoms sufficiently like those of irritable womb to be mistaken for it. Irritable womb has been in fact regarded as depending on a modified inflammation of the neck of this organ. There is another condition of the organ which may lead to error. It is that in which inflammation cannot be said strictly to have taken place, in which the small vessels are impaired in their functions, and an increased sensibility has been developed. Now these are accidental states, produced without the agency of any long-existing predisposition, which may disappear at once, when the partially deranged functions are restored, or by a temporary removal of all exciting causes.

Farther;—Inflammation is a disorganizing process. This fact has been particularly referred to in the history of irritable womb. Inflammation can hardly continue a long time without affecting the structure of a part; and what is the structure of that portion of the womb which is the principal seat of our disease? The neck of the womb approaches most nearly to the glandular texture, in its functions and in its diseases. Its principal function is the secretion of a dense, viscid substance, by which the os uteri is sealed up during pregnancy, and this se-

cretion is only performed during this state. Its diseases are organic degenerations,—adventitious structures, malignant in their nature, and exquisitely painful in the greater number; such diseases in short as are commonly met with in glands. Now inflammation attacking such an organ, and continuing without interruption for the very long time which irritable womb, under the most favorable circumstances, may and does continue, could hardly fail to produce structural changes. The part would at least be enlarged, and its natural softness be destroyed. I do not say that specific malignant disease would be the consequence, but such disease as would, at least in many cases, be obvious to some of the senses. Now such changes have not been observed in irritable womb. The structure remains mainly the same as in health. This organ has hardly ever been found notably enlarged, or hard. I have, I think, felt the os uteri or its labia in some few instances to be somewhat fuller than in health, and in one or two, a little irregular in outline. But even in these the part was soft, and was at once discovered to want the peculiar feel, which characterises either organic disease, or even simple chronic inflammation of the same part.

The doctrine, that irritable womb depends on inflammation, has been supported by the beneficial effects of blood-letting, whether general or local, in certain cases. But is this remedy confined to inflammation? Does it not, on the contrary, exert its best influences where there is no suspicion of inflammation, namely, in exquisitely painful and spas-

modic affections, where the sensibility is greatly exalted, and the action of certain textures, the muscular for instance, is violent, but in which not a single process of inflammation is supposed to be present? But the propriety of blood-letting has been seriously questioned, except in rare cases of irritable womb. It is not, in short, regarded, at least by one writer, as having a place among the remedies of the disease. If we, therefore, take into account the long time this disease may continue,—its small, if any, tendency to destroy or alter the structure of an organ very prone to undergo morbid changes, and finally, the treatment which in most cases has been found curative, have we not reason to doubt the correctness of the doctrine which ascribes it to inflammation, and to regard it as a peculiar affection, marked by symptoms belonging to itself, and requiring a particular treatment?

It has been attempted to remove some of the obscurity which attaches to the pathology of irritable womb, by the analogies of other diseases. These show that there are painful affections of other organs; that these may continue a long time, and though existing in parts in which chronic disease is extremely apt to become malignant, these are nevertheless unattended by any sensible morbid changes in structure, nor do they produce such. "Thus," (says Gooch) "surgeons describe what they call irritable tumour of the breast.* It is exquisitely tender; an ungentle

* See Sir Astley Cooper, on Diseases of the Female Breast.

examination of the part leaves pain for hours; it is always in pain, but this is greatly increased every month immediately before the menstrual period. Although apprehensions are entertained of cancer, it never terminates in disease of structure. It is represented as a very common disease. Mr. Brodie describes a similar state in the joints.* It occurs principally among hysterical females; it is attended by pain, at first without any tumefaction; but the pain increases, and is attended with a puffy, diffused, but trifling swelling, the part is exceedingly tender; this assemblage of symptoms lasting a long time, and being often little relieved by remedies, occasions great anxiety, but there never arises any ultimate bad consequences." "The disease," says Mr. Brodie, "appears to depend on a morbid condition of the nerves, and may be regarded as a local hysteric affection. These painful states of the breast and of the joints appear to be similar to that which I have been describing in the uterus; similar in the kind of constitutions which they attack; similar in pain; in exquisite tenderness; in resemblance to the commencement of organic disease, and in proving ultimately to be diseases only in function."† Without now forcing analogy beyond the limits ordinarily assigned to it, though something wide of a truly philosophical warranty, may we not trace as close an

* Brodie on Diseases of the Joints. p. 338.

† Gooch's account of some of the most important Diseases peculiar to Women. pp. 317, 318.

alliance between irritable womb and irritable spine, as between these anomalous diseases of the joints and the mammæ. The spinal affection is, by the structure of the parts in which it occurs, so far removed from external pressure, that exquisite sensibility may not always be manifested. Still this is often present in the vicinity. But what shows its near resemblance to the other diseases referred to, and also to irritable uterus, is the great increase in most cases of its local and sympathetic affections when pressure is applied. What is still more to our present purpose, is the fact that the tendency to organic changes is no greater in this than in irritable womb. The suffering is great, the disease may continue a long time; the constitution may suffer; the spine may get curved from the posture assumed and continued by the patient to get rest, just as the irritable womb prolapses a little in the general weakness accompanying it, its supporting ligaments losing their tone; but with all this no morbid lesion is produced in the spine, no such changes in structure as the long continuance of such serious local symptoms might lead us to apprehend.

When now, these facts are considered, and when we take into connexion with them the peculiar irritability of the female constitution; the acknowledged agency of the uterine system in its most healthful as well as its morbid conditions, shall we be far from the truth, if we consider these and many kindred affections as essentially the same, their affecting particular parts or organs depending on special predis-

position, or mere accident? I am disposed to take this view of the matter, not only from its being most convenient, but because, as I believe, it is the nearest approximation to truth. We have then only to look to one great cause in our philosophising, which is in conformity with one of the best established principles of philosophy, and may at once arrange all contingent phenomena under natural classes. In place then of multiplied treatises on particular and novel affections, our generalizations will be at the same time short, simple, and practical. The authority of fashion will cease to embarrass the profession in this regard at least, and doctrines once wisely established, will not be lost sight of in the supremacy of some ingenious novelty.

Diagnosis. Our subject presents few if any points of so much interest as this. This interest arises from the following considerations. The disease has not been, until recently, adverted to, I might say known. It bears a very close resemblance to other diseases. Finally, the treatment of such diseases does not answer any good purpose in irritable womb; but on the contrary, may aggravate it, and prolong its continuance.

Prolapsus Uteri. This exists in some degree in the majority of cases of irritable uterus; but rarely in any to such an extent as would give rise to any serious inconvenience, if existing alone. They have many symptoms in common,—the menorrhagia, the leucorrhœa, the bearing down, and other local difficulties, all aggravated by exercise, and the erect pos-

ture. But they have, with all this, quite sufficient for diagnosis. Prolapsus ceases entirely to be painful in the recumbent position. Irritable womb does not. There may be a diminished suffering in the latter, but the essential symptom remains; and if there has been much exertion made, or standing been long persisted in, very severe pain continues some time after lying down, and a less degree of it is constant.

Examination will however always settle the diagnosis, and this should never be omitted, not only in this, but in all serious affections referable to the uterine system. A physician can know, I may say, nothing of this class of diseases in any other way than by examination *per vaginam*. One of the very best writers on female diseases declares he would not consent to undertake the management of any such affection, but upon the condition that an examination were allowed to him. No objections should stand in the way of making one. Examination in the diseases in question discovers in irritable womb, pain more or less acute in the neck of the organ; in prolapsus nothing more than the healthful sensibility of the part.

Dysmenorrhœa. This is a frequent symptom. A state of morbid irritability is not favorable for the performance of a natural function; and we can easily understand how the conditions of menstruation, and the function itself, should be very painful in irritable uterus. The whole pathology of the womb teaches the same thing. Dysmenorrhœa is however a disease by itself. It is an accident to uterine irritation.

The two may be easily distinguished. When alone, dysmenorrhœa is manifested only during menstruation. The intervals of periods may be passed without any suffering, though the patient pursues all her customary avocations. Exercise, and long standing do not produce it; and rest, however perfect, does not diminish it. It is not attended by any important sympathetic affections. Examination here, as in the last, will determine the diagnosis.

Menorrhagia and Leucorrhœa. These are symptoms of many diseases of the womb, and of themselves frequently form a distinct class of functional disturbance. These affections, or their causes, are readily discovered by examination. Extreme caution is required in their management. If they depend, as they may, on structural lesions, to check them suddenly will be to precipitate the patient into the worst stage of the disease which they accompany, and which within a certain range they keep in check. Even in mere congestion, or the slightest degree of inflammation, the increased function, while it is a sign of such state, is for the time a means of checking its progress, or a very useful auxiliary in conducting to cure. When, however, they are wholly dependent on irritation, local means to put a stop to them, especially leucorrhœa, are among the means which will be found curative; and their good effects confirm the diagnosis.

Organic Disease. This has two forms, malignant, and non-malignant. The first attacks for the most part, if not exclusively, the os and collum uteri. Some of them are exquisitely painful, and in most morbid

sensibility prevails. They are attended by other symptoms of irritable womb. Pressure on the diseased part, as in that, enhances the pain. Lancinating pain belongs to them equally. But the state of the mouth and neck are widely different. In the malignant malady, cancer, &c., we have striking sensible changes. The os uteri is open, ring-shaped, uneven, gristly, hard, or as Dr. Wm. Hunter has it in his manuscript lectures, having a "cancerous feel." The diseased part is increased in size, or a great portion eaten away; not increased so much indeed as other portions of the womb are in many diseases, the fleshy tubercle, for instance; still it is enlarged, and whenever so, is very hard. Nothing of this sort belongs to irritable womb. We come from the examination surprised to find that in an assemblage of symptoms, which can hardly seem to depend on any thing but organic change, the mouth and neck of the womb have undergone little, if any, alteration. Slight fulness may indeed be sometimes noticed, and perhaps slight swelling of the neck; but the os uteri is even more closed, if any thing, than natural, and the healthful softness in all parts remains. The diagnosis is here most important to the patient. We can at once assure her, if irritable womb only exist, that she has not a disease that is tending to destroy her life, or is malignant. It is acutely painful to be sure, and may take months or years to wear itself out, or to be removed by art, but her life is not endangered by it.

In the other form, the non-malignant, the diagno-

sis is less embarrassed. There may be disordered functions, menorrhagia and profuse leucorrhœa, but there is not the exquisite tenderness on pressure, nor the same increase of suffering on exercise, and examination detects the enlargement of the organ, and the increase of its weight. The sympathetic affections are not the same; and if they do imitate those of irritable womb in their localities, it is in this circumstance mainly that the resemblance will be found.

Simple Chronic Inflammation of the Womb. Between this and irritable uterus there are very striking resemblances. It occurs most frequently in married women; though occasionally about the age of puberty; is accompanied with symptoms of general irritation; uneasiness or pain in the back, hypogastrium and thighs; frequent desire to pass water, with increased suffering on exercise; leucorrhœa; tenderness of the os uteri; dyspepsia, costiveness, and various sympathetic affections. Examination discovers the womb to be lower than natural, with elongation of the cervix; and great tenderness of the organ on pressure. Here is a case of simple uterine irritation. The diagnosis is to be learnt from another portion of the history of simple chronic inflammation of the womb. In this we have enlargement, gradually produced in most cases, but sometimes it would seem suddenly. The general fulness of the organ, with swelling of the neck, are quite obvious, and are accompanied with more or less embarrassment in the functions of the bladder and rectum. Now if the

patient make any considerable bodily effort, or continue long in the erect posture, she is liable to be seized suddenly with exquisite suffering within the pelvis, and if examination be made, the womb will be found more or less completely retroverted, and too tender to bear the least pressure.

The diagnosis is farther aided by the effects of the treatment employed in this case. If this consist in an active use of antiphlogistics, as general and local bleeding, purgatives, nauseating and promptly alterative medicines, we shall find the symptoms rapidly to decline, the enlargement of the womb to disappear, its natural situation regained, and in two or three weeks the patient well, and as perfectly so as after recovery from any other severe attack of common inflammation. The treatment of irritable womb gives us no parallel results.

Spinal Irritation. I regard the diseases as so much alike in kind, that the diagnosis is resolved into the simple question of the seat of the disease. True, the irritation may exist in both places in the same patient, less declared however in one of them. It may be in the womb that this may be the case, or it may be in the spine. I have known irritable womb to exist in an exquisite form and for a long time, uncombined with any spinal affection. It has at length worn itself out, or has been removed by remedies, and then excessive tenderness of the spine has occurred, becoming the leading malady, and marked by its special symptoms. Now these symptoms are very often those which characterise true hysteria, in fact it

is hysteria in its most perfect, and sometimes most alarming forms. We have here either a conversion of the disease, or an unexplained but original manifestation of it in a new situation.

Effects of remedies. In aiding diagnosis, this is, in many diseases, an important means. It has long been recognised as such. Sydenham has acknowledged its value on the invasion of new epidemics, and in the management of diseases which only wear their livery. Its importance has been lately shown by Gooch, in his Treatise on Puerperal Fevers. It appears by this record, that a disease follows delivery, which closely resembles the severest kinds of puerperal peritonitis, but in which the best established treatment of the latter is not only hazardous, but if continued, because the symptoms continue, will surely end in death. Cases are given of this issue, and examination after death showed how misapplied had been the treatment. Not a vestige of pre-existing inflammation could be discovered. There are forms of uterine irritation, like this peritoneal irritation, in which similar mistakes may be made. I refer to the hysteric, and especially to those in which the lungs, the heart, or peritoneum seem to be the seats of grave disease, viz. severe inflammation. The active treatment of inflammation has been tried in these, and the result has been an increase of the disease, the increase being in proportion to the continuance of active measures for removing the aggravated symptoms of the supposed inflammation.

From the foregoing description of irritable womb, I propose the following classification of its cases:—

I. With menorrhagia,—dysmenorrhœa,—and leucorrhœa,—excessive uterine irritation,—and the sympathetic affections of the brain, thorax, and abdomen, enumerated.

II. With slight functional uterine disturbance,—uterine irritation excessive, the sympathetic affections moderate and not constant.

III. With much functional derangement of the womb,—slight uterine irritation; the sympathetic affections being paramount.

IV. Complicated with, or following spinal irritation. Hysteria being predominant.

Under some one of these classes may be arranged the cases which have fallen under my notice. Some of them indeed might seem equally to belong to two if not to the whole four, for the complications in some cases are very remarkable, and render an attempt at an arbitrary arrangement sufficiently embarrassing. The above division is suggested on account of its practical bearings. It is very certain that the treatment of irritable womb must have regard to the whole condition of the patient, as well as to any particular local affection, with which that condition may be associated.

Prognosis. This should be favorable as to the whole result, but very cautious as to the time the disease may continue. The physician has an interest in this as well as the patient. The latter should be as well prepared as circumstances will allow for

protracted discomfort, and for submission to a course of treatment which will demand many sacrifices. The physician will escape the embarrassments which great mistakes in prognosis sometimes involve. The prognosis should be favorable from the known result of cases of great severity and long continuance. The disease has no tendency in itself to produce organic and malignant degenerations, and treatment may do much to diminish the constitutional derangements which belong to the disease, and which may result in great exhaustion. This last may predispose to other and serious disease. But the patient is happily removed from existing causes; and direct observation has shown how rarely are its subjects the victims of other maladies.

Treatment. This has regard to the womb itself, and to the whole system. We may have to manage an idiopathic affection of the organ which has associated with it various sympathetic affections; or the disease of the womb is purely secondary, and is among the other consequences of general constitutional derangement. I have described the disease under various modifications; and cases exhibiting these may belong to either of the two most general divisions of subjects just referred to, and which were particularly indicated in the beginning of this discourse. Before giving the treatment which particular classes of cases require, I shall state what is of the most general application. And first, of *Rest.*

Rest forms an indispensable portion of the management of all cases. It is the condition on which the

success of the whole treatment depends. Of its importance the patient should be fully informed; and especially of the hazard she runs of aggravating the disease in all its forms, by neglecting this condition, and of reviving the disease when it may be about wholly to disappear. Am I asked of what kind, and how long, shall rest be insisted on? I answer, it is the recumbent posture, on a bed, or a sofa; and as to the time, certainly so long as the erect position produces uneasiness, and while this has associated with it the sympathetic affections which have been described as belonging to the disease. The cases in which rest has been found demanded most imperatively, have been those in which the tenderness of the womb has been most exquisite, and in which severe paroxysms of pain have been produced by the erect posture, and especially exercise. Slight displacement of the womb belongs to many cases; this is increased by standing or walking, and can hardly act otherwise than to increase the disease as well as the suffering.

Digestion is impaired, and costiveness a very common symptom. The treatment should have both in view. The diet should be such as will require least of the stomach, and still yield sufficient nourishment. What will do this must be somewhat matter of experiment; or the patient may have already learnt it by her experience; but as a general rule, such food must be directed as is least stimulating, especially among liquids, and such other food as will be least

likely to undergo chemical changes. Flatulence, particularly of the bowels, is very common, and exceedingly distressing. It depends very much on the state of the bowels, as it regards tone, but it is always more or less connected with the quantity and quality of the food. Costiveness is to be prevented by diet, if this be practicable, or to be removed by such means as will answer the purpose with the least irritation. The best articles are sulphate of magnesia, castor oil, and rochelle salts. The secretions are frequently morbid, as showed by the evacuations. Diet and regular bowels may do much to restore these to a natural state; but, if not sufficient, a gentle alterative course may be usefully adopted.

Pain is a common symptom in all cases, and may disturb the patient at night as well as by day. In prescribing for this symptom, we select such articles as diminish the sensibility and promote sleep, but which will leave the least trouble behind them. The sub-narcotics are of this kind, as the conium, the hyosciamus, the common hop, poppy, camphor, &c. The extract of taraxicum, given with one of the above, has been thought to exert a very useful alterative agency, and this agency may be always increased by adding a minute quantity of the blue pill. Opium may be required to produce relief, or to procure sleep. The preparation which has been thought to answer best, is the solution of the salts of morphine, or narcotive. The old fashioned tinctura opii will probably be found to answer every desired pur-

pose quite as well, as any of its modern substitutes. Rest, then,—regulated diet,—strict attention to the bowels,—relief from present suffering, and the procurement of sleep, are among the points which are of special importance in the management of all cases.

I shall next state very generally the treatment which particular forms of the disease may require; and I shall, in doing this, refer to the classes under which I have comprehended its various cases. First, of those in which functional disturbance, and severe sympathetic symptoms exist. It is advised in these cases to address the treatment in the first place to the womb itself; next, remove or palliate painful symptoms, and lastly restore the general health. We must have regard to the presence or the absence of the catamenial function in beginning the treatment. If menorrhagia be present, positive rest and light diet are to be enjoined; local or general blood-letting should be premised if the general state of the patient as to plethora, activity of circulation, or severe pain in the pelvis without general disturbance, make either necessary. When the period has passed, cold astringent injections, per vaginam, should at once be directed. They are to be continued daily until the expected recurrence of the catamenia. If menorrhagia be not present, nor the usual catamenial discharge, and the pulse not indicate bleeding, we begin the use of injections at once. Suppose irritable womb be accompanied with dysmenorrhœa, and slight or no leucorrhœa. The injections are to

be employed at once. So in leucorrhœa alone, the catamenial function being healthful.*

The sympathetic affections depend on the uterine irritation. These will continue while their cause remains. They may have already continued so long, that they may not disappear with their cause. Much of the treatment of these symptoms has been referred to when speaking of means which are applicable to the great majority of cases. And of others our treatment is little more than palliative. If good evidence exist of great vascular action with plethora, blood-letting, general or local, or both, will be proper.

But if we have tried this, especially venesection, much caution is to be observed in its repetition. Partial relief at first, with speedy return of suffering in the old place, is no good reason for continuing blood-letting as a part of the treatment. It may be necessary to bleed or cup a second time, but much caution is to be exercised. This becomes of much stronger obligation in the advanced periods of the disease, when exhaustion is manifested every where. Let the local symptoms be as severe as they may, it is questionable if the loss of blood will give even present relief; and it will surely be followed by increased

* The following injection has answered every purpose better than any other I have tried.

℞. Zinci Sulphatis, } āā ʒ ij.
Alum. Sulphatis, }
Aq. Commun. ʒ xvi.

Inject. from ʒ iv to ʒ vj *cold*, twice a day. Let it be retained as long as convenient. If the patient be very feeble, it may be tepid when first tried. If it give pain, dilute, and in a short time use it of original strength. It must be used a long time, even after the disease has entirely disappeared.

suffering. Suppose the local trouble be pain under the left mamma. Hot applications, and active rubefacients may give temporary relief. To these may be added the internal use of the aqua ammoniæ, which if given along with magnesia in small doses, in camphor mixture, has been found singularly tranquillizing; and the above named subnarcotics may be employed at the same time, or trusted by themselves. These are palliative only, it may be; but while they are employed, the astringent injections will be effecting salutary changes in the organ primarily diseased. Pain in the abdomen, and in the right hypochondrium, with disordered secretions, may be relieved in the same way. For the last, the alterative use of calomel, or blue pill is recommended. Warm bathing is frequently useful as a palliative in most of the affections incident to irritable womb.

In the second form of the disease, in which functional uterine disturbance is slight, but the irritation excessive, with trifling sympathies, local bleeding in the neighbourhood of the womb, has with Gooch, and some others, a principal place. Cupping is preferred to leeches. It may be done at the upper part of the sacrum. Leeches, if used, are to be applied to the hemorrhoidal vessels, or between the labia pudendi. But a caution follows the recommendation. We are to have regard to the time of the disease, and the state of the patient; and four ounces have in some cases done all that could be looked for from the remedy. Sometimes, one of the best friends of bloodletting acknowledges, the remedy only does harm.

It aggravates all the symptoms, and, says he, "the effect was unmixed misery." This is an acknowledgement worthy of all honor. The same caution is added to all that is said of the good effects of mercury in this disease. This may very soon become an active agent in the production of evil, and without much watchfulness, we may continue its use to overcome what it has itself mainly produced.

In these cases all the palliatives before named, are to be faithfully tried. I should in this class use the astringent injections so strongly recommended in the first, under similar conditions. I should not omit to recommend here the employment of local irritation; viz. caustics, blisters, &c., in the neighbourhood of the pelvis. The best place is the upper part of the sacrum. Of the size of a dollar they will answer every purpose, and may be advantageously renewed when healed.

The treatment of the third class of cases should be conducted on precisely the same plan as the first. The astringent injections will be found equally serviceable in both.

The fourth class embraces cases complicated with spinal irritation. This is not a small class. It has not been distinctly recognised, but wider observation, I have no doubt, will show how nearly related are the two diseases. Whenever, then, we have to manage hysteria, whether the derangement of the uterine functions, or the diagnostic symptoms of uterine irritation be present or not, it is worth recollecting that spinal irritation frequently exists at the same time

with them, and that its removal may be followed by the disappearance of the hysteria. The irritable uterus is to be treated in the same way as in the other classes already described.

A patient who has suffered from this disease, and in whom salutary changes have occurred, will still demand much attention during convalescence. She is to be guarded from the existing causes of the malady, and is, at the same time, to use means for the restoration of health. Among these are diet, tonics, change of air, and exercise. The best tonics are chalybeates; and these, as they exist in natural mineral waters, are best. They frequently contain mild cathartic salts, which add to their usefulness. The situation of such waters, and a moderate indulgence in the gaiety which is almost native to them, are highly salutary. I have said nothing of the benefit frequently derived from the use of preparations of iron at an earlier period in the disease. The solution of the sulphate of iron is particularly to be recommended. I have never known it do harm after excitement has been subdued. On the contrary, I have found it highly useful as an aid to the other treatment of the functional derangements of the uterine system so common in irritable womb. The pessary will also become a very important means of preventing relapse when the removal of the local irritation allows of its use.

In the preceding discourse, a large place has been given to local irritation as a cause of many of the symptoms which attend the diseases of women.

It has not been my purpose to give it a larger one than it deserves. I have endeavoured, by reference to facts in as much detail as circumstances have allowed, to support a doctrine which I believe to be well founded, and which leads to useful practical results. I perhaps owe to the Society an apology for the minuteness of description into which I have been sometimes betrayed. I will not plead for any indulgence which the circumstances of my appointment might make reasonable, though I will acknowledge that they may have influenced me in the choice of my subject. The time was quite long enough for preparation, but it required that the selection of a subject should be soon made.

It is customary on this occasion to notice the deaths which have occurred in the Society in the preceding year. It is a tribute due to those who have been fellow labourers with us in the good and great work of preserving the honour, and increasing the usefulness of our profession. Among those who have died since the last anniversary is Dr. James Mann. His death occurred when he was in advanced age, in a neighbouring state. Dr. Mann is remembered as a contributor to the communications of this Society, —as having been the first successful candidate for the Boylston prize; and for his work on the diseases in that portion of the Northern army to which he was attached during the late war. He did not return to private practice at the Peace, but remained and died in the public service.

Dr. Thomas Phipps, a much esteemed physician in a neighbouring town, Quincy, has also died within the same period. His death took place in middle life, from a disease which had long afflicted him, and which had called upon him to leave his business and his country in pursuit of health. The disease was of the heart, and was fatal in the midst of active employment, and when its subject was apparently in the possession of more than ordinary health and vigour.

Dr. George W. Lane, who had very recently been admitted a Fellow of this Society, has died before the return of the first anniversary since his admission. Dr. Lane studied his profession faithfully, and was richly possessed of those qualities which would have ensured him great success in the branch of Surgery, to which he had specially devoted himself. He was respected for the soundness of his principles, and his great amiableness attached to him many friends.

Dr. Joshua Fisher died in Beverly on the 26th of March last, at the advanced age of 84. He was born in Dedham in May 1749. His ancestors were respected and wealthy farmers. He was second cousin to Fisher Ames. He began the preparatory studies for the University at six years of age, and was graduated at Harvard in 1766. His parents designed him for the ministry, but after teaching a school in Beverly for two years, he was seized with disease of the lungs, which, being followed by cough, this purpose was abandoned, and in 1770 he began the study

of medicine under the direction of Dr. Lincoln of Hingham, brother of General Lincoln. He always spoke of his preceptor as a man of rare talent, and much in advance of his profession. He began practice in Ipswich,—practised also for a time in Salem, and finally removed to Beverly, where he passed the remainder of his life.

The times in which Dr. Fisher entered on his professional career, possessed extraordinary interest. The great question of the future government of the country had begun deeply to agitate the whole land. It addressed itself to every individual, and the deepest interest was felt by each and by all in the decision. It was this fact in the history of the revolution, which gave to it character, and ultimate success. Dr. Fisher, either under the direct influence of the times, considerations of health, or from a view to profit, probably from all these motives, took an active part in the scene before him, and we find him leaving the quiet of village practice, and entering a private-armed vessel as surgeon. He sailed from Marblehead; a valuable prize was captured and sent into Salem. We next find him in the British Channel, where, after cruising some time, the vessel was surrounded by English vessels of war. Escape being impossible, the privateer was run ashore, the crew hoping to secrete themselves on the land. It seems their purpose was anticipated, and they were soon discovered. Two men pursued Dr. Fisher, and at length seized him. He suddenly availed himself of an opportunity to free himself from them, threw them to the ground,

and escaped. He had prepared for the emergencies of his future situation by filling his pockets with all the treasure within his reach before leaving the captured vessel. This he entrusted to some one who had obtained his confidence; he turned out however, to be a false friend, for he never returned him a farthing. He succeeded through the assistance of others whom he made friends, in escaping to France where he entered another privateer; being successful in this cruise, he next took passage in a letter of marque bound to Boston, where he arrived after a most perilous voyage. His public and enterprising spirit next led him to take an active part in establishing a cotton factory. This project was unsuccessful; and after much loss, this, one of the first attempts at domestic manufacture of cotton, was abandoned.

We are now to consider the character of the deceased in those relations which are always the most important, and which in the case of Dr. Fisher, present points of great interest. He was a physician, and he was largely gifted with those moral and intellectual qualities which give honor and usefulness to this profession. He does not seem to have looked for or desired a very extensive practice, nor does it appear that he had such. He was early taught by serious illness that his constitution was a feeble one, and that he was to be cautious as to the demands he made upon it. A portion of this conviction was possibly imaginary, or at least less well-founded than he believed. But it doubtless produced some effect, in

diminishing his zeal in a direction in which it is not generally wanting, namely, in gathering around him a large circle of patients. What he did see however was thoroughly investigated. He brought to every case his whole mind. He was possessed of extraordinary powers of observation and reflection, and he understood with wonderful tact just what was most worthy consideration. All this gave to single, I may say, independent facts, a value, which the observer of a multitude of the similar, or the same, might have regarded with less interest. But by Dr. Fisher they were looked to as the sure basis of his theories. He knew what he saw, for he studied it all deeply, and his generalizations only wanted to others the authority of a more varied and wider observation. For himself, they were all sufficient, and his practice rested upon them. He employed but few remedies, but these were selected from amongst the most powerful. His treatment of inflammation, whether of the serous, mucous, or other tissues, differred from that of his brethren. He rarely or never bled, but attempted at once to relieve pain by opium; and then, by large doses of calomel, to subdue the morbid processes on which the existence of the disease depended. "When driving a nail," he would ask, "why strike it with a timid and useless blow? Nothing is to be gained by that; use at once the force required, and the object is accomplished." Such was the kind, and the illustration of his practice. One can hardly fail to trace a striking resemblance between it, and the practice of some late foreign

physicians, who advise a much earlier and freer use of opium in inflammatory and febrile diseases than was formerly thought safe. The independence as well as originality discovered in all this, belonged to Dr. Fisher's mind after a manner which distinguished all he did. He could not be seduced by the mere pretensions of novelty from what he had ascertained to be true in principle and correct in practice; and his respect for authority never so far blinded him as to disturb his confidence in what, as he believed, his own sound and accurate observation had established. How far the experience of others has justified his particular practice in inflammatory disease, I am not fully apprised.

Dr. Fisher was from disposition, and the constitution of his mind, a retiring, I may add, diffident man. This however was true only of his intercourse with the mass, the multitude,—with the few he was wholly unreserved. He was singularly acute in discovering character, and he loved to study the individual. This was in perfect harmony with what was so peculiar to him in the study of disease. It was, as it has been observed, the individual case, which had to him the greatest interest in his study of disease, and the same was true of his intercourse with men. He took great pleasure in hearing from those with whom he thus familiarly associated all they could impart, and he communicated in turn what the occasion most required. If he was retiring then in public, it was because there was confusion in the elements that compose the multitude; and he took no interest in arranging them, because the re-

ward might be far less than the trouble; and again, he was always anxious to be useful, and this he felt he could best be with a few. He loved knowledge from his earliest years, and he loved it to the last. His interest continued unabated in all the true sources of information, and of intellectual and moral gratification. This was discovered remarkably in the pleasure he derived from the current literature to the latest period of his long life. He was truly honoured and beloved by his patients. His reputation was great, and this brought him forward as a consulting physician over a very wide circuit.

Dr. Fisher possessed one moral and intellectual quality, which is especially remembered by those who best knew him. This was purity, purity of mind and of heart. This it was which gave to his intellectual nature its great beauty, its power, and its attractiveness. It constituted the tone of his mind, —it was the atmosphere in which it expanded, and by which it was invigorated. It was this which gave their character to his thinking powers, and made him so perceptive of the truth wherever it lay before him. It caused him to shrink from moral taint as from something abhorrent to his whole nature, and to love the good in every thing in which it existed. It made him most sensible of its opposite, of vice, as that might be presented in others; but his native kindliness made him pity what he was called upon to condemn. The moral dignity of such a character, if we may not attain to, we may love; and so diffusive is it in its very nature that the con-

templation of it cannot but make its observer better. Such a mind was admirably fitted for the study of nature, and few amongst us have felt and acknowledged a deeper interest in natural history than Dr. Fisher. His strong powers of observing, comparing, and remembering, singularly fitted him for this branch of science, and he devoted himself to it whenever and wherever opportunity served. He had a genuine love of nature. He felt its beauty in its truth and whole amount, and derived perpetual pleasure from the perception of it. It has been said, that if his means had originally allowed it, he would have devoted himself to natural science as a profession; and his success would have been great. The only time I had the pleasure to pass a few hours in his company with two or three friends, was almost wholly filled with conversation on natural history, and I shall not forget how great was his interest in the subject. There is a witness however to his zeal in this cause which cannot be lost. I allude to his munificent endowment of the Professorship of Natural History in our University. He has in a sense in this way perpetuated his own mind amongst us. He has at least provided the means by which one of his most cherished objects shall be perpetually promoted. The munificence of our brethren we may well record, and cannot too much honour. It is an example, and one which may safely be followed. Its direction in this particular instance is just what it should have been.

It may not be out of place to urge here the claims

of our Society on its members for a similar patronage. Though so extensive in its numbers, so large in its wealth, and designed to exert so important an influence on the community, it asks, for its surer and more rapid progress, an accommodation which it has never obtained. We want a "local habitation" as well as a name, where we may resort as to our own dwelling place, and there collect the means of improvement and gratification, and feel that they are safe. We would lay now to-day, were it possible, and is it not so?—the foundation of a magnificent and most valuable museum; collect together a library, and in this our common property find an equal interest, and a common end. We should in this way feel too closely united to think of division, and the power of union would be felt and acknowledged by all. Few anniversaries have found this Society so large, so united, so efficient, as the present. May it not be its still greater, and let me add, illustrious distinction, to begin that work, which if begun will be more than half finished?

In speaking of Dr. Fisher, I have confined myself to a brief sketch of his professional character, and to his intellectual habits and powers. I have spoken of the high estimation in which he was held by his profession, his patients, and his friends. He was also in an important sense a public man. Though he shrunk from general society, he never did from public duty. He took an active part in politics, and was the intimate associate and friend of the late Hon. George Cabot. His connexion with Fisher Ames,

and the harmony of their political views established similar relations between them. I have named two of the most honored men of our State. It were sufficient praise to have been their associate and their friend. Dr. Fisher sustained important public offices. He was a Senator of Massachusetts,—President of this Society; President of the Beverly Bank; and President of the Beverly Charitable Society. He was the projector of the latter, and having largely added to its funds during his life, left it a munificent bequest in his will.

He retained his intellectual energy after a remarkable manner to the close of life. But he was not unobservant of the effect of time upon some of his faculties. He noticed especially the decay of memory. How strange is this power of the human intellect, looking upon its own faculties as on its instruments, and discovering at once with a distinctness no one else can, where the machinery is wearing away, while it feels how powerless it is to repair it. Does not this teach that the mind is something else, and distinct from its faculties,—that these last are merely necessary to its present mode of being, and that in another state, it will lay these aside, and in itself, its own proper nature, possess the means of intercourse with the Supreme mind and with the inferior intelligences with which it will then be brought into direct communion? In Dr. Fisher, the power above referred to was very striking. I know of few things more interesting in the contemplation of a really vigorous mind, than this single fact. Such a mind was his. This was acknowledged by all who came within its

reach, and could apprehend its power. His affections were strong, for his moral faculties were vigorous, and in constant exercise. His religious sentiment was pure and elevated, and he looked upon death as an event in life, the appointment of God, as were all other events, and he submitted to it humbly, but with a bright hope, and the fullest trust.*

* The disease of which Dr. Fisher died, was inflammation of the lungs. The following are the appearances which were discovered on dissection, and for which I am greatly obliged to the gentlemen who communicated them.

"On raising the sternum, the lungs were found collapsed and emphysematous, and a small quantity of serous fluid was found in the chest. The apex of the right lung was indurated, and had been so, from appearance, a long time. The lower lobe of this lung was highly congested and inflamed. Both lungs were universally œdematous, pouring out where cut into, a considerable quantity of sero-sanguinolent fluid, and were covered here and there externally with large patches of coagulated lymph. The left lung was more seriously diseased than the right, and the whole posterior portion of its lower lobe was in a state of hepatization. The left side of the chest contained about four ounces of fluid, in which floated coagulated lymph. The bronchi were filled with thin frothy and serous effusion. The bronchial cartilages above the bifurcation were ossified. The mucous membrane of the bronchial tubes was deeply inflamed, and covered in some parts with a deposition resembling false membrane.

"The pericardium contained a little bloody serum,—the right side of the heart was generally healthful,—right ventricle filled with coagulated lymph, which extended into the pulmonary artery,—valves as in health. Left side of the heart, and aorta perfectly healthful.

"In the abdomen very little disease was discovered, except in the duodenum. This was in a state of chronic inflammation, its mucous coat granulated, and its glands much enlarged. In the urethra, just below and behind its opening into the bladder, a small body, resembling a nipple in size and form, was discovered, extending into the cavity of the organ. It was of a bright red colour. The left kidney was of natural size, and healthy. On its surface however, and extending a little into its substance, were noticed two or three vesicles containing a

milk-like fluid. The right kidney was unnaturally small, but was healthy.

"The examination accounts very perfectly for the sufferings which Dr. Fisher for a long time experienced. He had been for many years subject to a diarrhœa at a certain period of the year, I think in May or June; and would resort to his favourite drug, opium, to arrest it. He related to me one singular anecdote concerning the periodical appearance of the complaint. He was always, or had been for many years, attacked with this disease on a particular day of the year; and from its regular recurrence, on a particular day of the year, he, during the last years of his life, always anticipated, and prepared himself for the attack on that day. But one year, to his surprise, the disease did not attack him on the usual day, and he was much rejoiced at night that the day had passed and the evening found him in health. He now thought he should escape this year; but on the next day the old disorder attacked him. He now was convinced that the imagination had no influence in its production, and that its regular occurrence on one particular day of the year must be owing to some law with which he was not acquainted. He was much astonished that the diarrhœa delayed its appearance one day; but on reflection, he recollected that it was leap-year, and observed, that the laws by which disease was governed were consequently invariable, and must have depended in some way or other upon the revolution of our earth.

"One other difficulty, with which he was a long time afflicted, was an irritation in the neck of the bladder, whenever even a small quantity of urine was accumulated in its cavity, and at times he found difficulty, and experienced pain in voiding his urine. He always supposed an enlargement of the prostate gland caused this difficulty; but this was unquestionally owing to the little tumour, which was found near the origin of the urethra. In comparing the results of the *post-mortem* appearances with the symptoms which were experienced and described by Dr. Fisher during life, I find he was correct as to the precise spots in which he placed the diseases, from which he suffered for so many years. He always expressed the belief that the part of the "primæ viæ," to use his favorite expression, just below the stomach, was the part diseased; and that the prostate gland, or the neck of the bladder, was also the seat of some serious malady."

Note.—I have, for the most part, avoided references and acknowledgements to authors to whom I was often indebted in the preparation of the preceding discourse. I cannot, however, but express my obligations to Professor Dewees for many important suggestions. For numerous writings on Midwifery, and its connected subjects, he is deservedly honoured alike in Europe and America. To Dr. Addison of London, I have to express equal thanks. His work on Disorders of Females, is of great practical value. I cordially extend my acknowledgments to Mr. Teale, and Mr. Tate, for their very valuable contributions to female Pathology. To Dr. Gooch I have particularly referred in the body of this discourse. He has left us but little of the vast amount of useful knowledge which a short life had made his, but what he has left is truly a treasure. He possessed a rare qualification among professional men for authorship,—this was, an exquisite skill in the use of language. I know few who had this gift so largely and he was faithful in its use. He had, with this, great powers of discrimination; and an admirable sagacity made the wide field for observation with which he was favoured singularly productive. Some one has remarked, that an original thinker and observer, very rarely fails in that department of logic which enables us to communicate our thoughts to others. Dr. Gooch is a singular instance among medical writers of the correctness of this remark.

ARTICLE VII.

CASES OF SMALL POX.

BY TIMOTHY FISKE, M. D.
Fellow of the Society.

On the 15th of April last, Luther Rockwood, Jr., aged about 9, was seized with what appeared to be Typhus Fever; puking immediately after eating a hearty dinner, and continuing to vomit for twelve hours, attended with chills, pain in the back, loins, limbs, and with unusual pain in the head. Being called to visit the patient soon after the attack, ordered an emetic, to be followed with a cathartic and alterative.

16th. Strong marks of cerebral affection,—high fever,—draw 8 oz. of blood from the arm. Continue alteratives.

17th. Symptoms considerably aggravated. Open the temporal artery. Apply leeches to the temples, and ice-cap to the head.

18th. Symptoms the same nearly. A little less of cerebral affection. Continue the medicines, with cold applications to the head. Toward evening were discovered a few pustular risings on the skin about

his face, neck, and extremities, bearing nearly the colour of the skin, and as large as buck-shot.

19th. Febrile symptoms lessening;—has become nearly sane. Pustules moderately increasing in number and size. Give ℥ ss. Sulp. Mag. Continue Submu. Hyd.—cold to the head. View the disease as variola, but not having seen a case for 32 years, did not incline to take the responsibility of announcing it.

20th and 21st. Less fever—continual increase of pustules in size and number, which have assumed a purple colour at their base. Send for Drs. Thurber and Bucklin, who pronounce the disease undoubtedly the Small Pox. Vaccinate fourteen in the Hospital, being the whole number, beside the sick lad, dwelling in the same house.

During the following five or six days, the sick boy suffered very severely, during the suppurative stage, by secondary fever, cold, and delirium. The week following this period, he suffered much from soreness and cutaneous irritation. And now his whole surface is nearly covered with one entire scab.

Two out of the fourteen, vaccinated in the Hospital, had not had either the kine or small pox. Their first day's inoculation failed. The second, third, fourth, &c. took effect, and produced the true disease, continuing on regularly to the eighth day, filling up, well defined vaccine vesicles. On the eighth the variola interfered and arrested wholly the further progress of the vaccine virus. This was fourteen days after the first symptoms commenced in the lad first

seized. These last subjects were Edward Leland aged 20, and Mercy Chenery, 9. They had a regular run of the disease, and about half as severe as the first case, having dieted low.

At the same time the above two were attacked, Capt. Luther Rockwood, father of L. R. Jr., and Mr. Benjamin Chenery, father of Mercy Chenery, were seized with symptoms resembling the two last cases, but less severe; twenty or thirty pustules appeared on each of them, the third day of the attack. The disease run through in seven or eight days. These cases of course were varioloid. The pustules were more pointed and hard than in variola.

About 12 hours previous to the eruption of the small pox on Mercy Chenery, I armed a quill from the vaccine in her arm, and inserted it in the arm of a person, who had not had either disease, and it produced the genuine kine pox.

Quere.—Whence came the disease in the case first named? It could not be traced satisfactorily to any source.

Holliston, June 3d, 1833.

ARTICLE VIII.

A DISCOURSE ON QUACKERY.

BY ZADOK HOWE, M. D. M. M. S. S.

[Read before the Mass. Medical Society, June, 1834.]

GENTLEMEN,

Unaccustomed as I am to public speaking, and unskilled as I am in wielding the pen of the ready writer, I have found it difficult to bring myself to the belief that it would be in my power to discharge acceptably the duty, which this day devolves upon me; and I can truly say, that this diffidence is not a little increased from the circumstance, that it falls to my lot to follow the eloquent and learned Professor, who so ably performed a similar duty at our last Anniversary.

But relying upon that indulgence and friendly feeling which have ever been manifested by the Fellows of this Society, I shall now proceed to make some observations upon the subject of Quackery.

This topic has engaged the attention of philanthropists through a long succession of ages.

That Quackery prevailed in England, in the early part of the sixteenth century, to such a degree as to require the interference of Parliament, will appear by

the Preamble to a Statute of Henry the 8th, which we find recorded in the following words:

"For as much as the science and cunning of Physic and Surgery is daily, within this Realm, exercised by a great number of ignorant persons of whom the greater part have no insight in the same, nor in any other kind of learning; some also ken no letters on the book; so far forth, that common artificers, as smiths, weavers and women, boldly and accustomably take upon them great cures, in which they partly use sorcery and witchcraft, and partly apply such remedies to the disease as being very noious and nothing meet; to the high displeasure of God, great infamy to the Faculty, and the grievous damage and destruction of divers of the King's people."

The days of sorcery and witchcraft have long since passed away, but quackery still survives,—it not only prevails in England, but what is of more importance to us, the demon of Empiricism still hovers over the land of the Pilgrims.

The general diffusion of knowledge and the boasted march of intellect, of which so much has been said, seem not to have retarded the progress of quackery in the smallest degree; its course is onward; refinements in the science of imposition, if I may so speak, keep pace with other improvements of the day; and so long as a portion of mankind must and will be imposed upon, there will always be found a set of choice spirits to contrive and point out the ways and means.

The Quack Doctor considers any part of this country as his hunting ground; go where you will,

through city, town or village, or through the wide expanse of thinly populated regions, his footsteps may be traced by marks of devastation. He levies his tax upon the credulity of all classes of people, from the judge upon the bench to the peasant who earns his bread by the sweat of his brow.

The weapons of his warfare are extorted from every part of the material world; from the animal, the vegetable and the mineral kingdoms, in multifarious combinations, from the all corroding caustic which destroys every thing before it, to the inert Vegetable Pulmonic Detergent, which is said to clarify and sweeten up the blood.

Volumes have been written and published to describe and point out the thousand tricks of the trade, and to guard the people against their injurious effects, but all to little purpose;—opposition to quackery from the regular practitioner is construed into persecution, which will never fail to raise up advocates for the weaker side.

It has been well said, by an acute observer, that "the less we know of the material word, the more extensive we suppose our acquaintance to be with the world of spirits; there can be no doubt, that from ignorance of the operations of nature, and of the laws of the animal economy, has originated that predilection for superstitious remedies, which in every age has constituted a prominent feature in the character of the people; a portion of the people at least, have neither leisure nor inclination to reason, credulity is of course more convenient for them than the re-

searches necessary for the investigation of truth."—Their opinion of medical skill corresponds exactly with Dogberry's views of writing and reading, that it comes by nature ; hence an Indian doctor, a modern prophet, or a seventh son, is the man of their choice in difficult cases.

The popular clamor is almost always in favor of quack remedies, and for this obvious reason; when an individual finds that he has been caught in this kind of gull-trap, he is aware that it will not redound to his credit to proclaim it upon the house-tops, he therefore wisely holds his peace and permits others to go through with the same process ;—but if, on the other hand, his health should happen to improve during the experiment, he is ready to certify that, under Providence, he has been restored by it to a comfortable measure of health and strength, after all other remedies had failed ; and feels it to be his duty most conscientiously to publish his cure to the world for the benefit of the afflicted.

But this credulity is not confined to the humble walks of life ; it is found in great abundance among men of science and literature. Mr. Madden says that " in general the knowledge of the world to be found in the minds of literary men is very limited indeed, because more of their time has been spent in the closet than in mixing in the business of life."

Men of studious habits generally exercise their minds too much and their bodies too little, and hence not a few of them become dyspepticks, or in other words, they become hypochondriacs ; then the grad-

ual loss of mental energy is supplied by a morbid accumulation of that kind of faith which is satisfied with assertion instead of proof; this remark applies more particularly to whatever relates to their health; upon this subject they are insane, and, however brilliant may be their talents, they become like Samson shorn of his locks, weak, even as other men.

When a great man is left to do a weak thing he will excel even in that, it will be great of its kind;—these weak traits produce a striking contrast in the general character, like the deep shades in a picture, which serve to bring forward the principal figures in bold relief.

Among the circumstances which have had a direct tendency to increase the pernicious effects of quackery, is the willingness with which men of respectability permit their names to be attached to certificates of the efficacy of quack remedies;—upon this list may be found the names of magistrates, doctors of divinity, doctors of laws, and, strange is it may seem, even doctors of medicine, men from whom the community have a right to expect better things;—thus a celebrated Panacea is carried to the uttermost parts of the earth, with the names of distinguished medical professors to recommend it; while the name of an ex-professor of one of our most respectable medical schools, is going down to posterity in glaring capitals, on the wrapper of a bottle of aromatic snuff.

Let a man of any distinction, through inadvertency or from any other cause, lend his name in this manner, he enlists during the war; there is no retreat for

him, his certificate is stereotyped, and copies of it scattered by thousands to the four winds of heaven: having done this, although he may repent in sackcloth and ashes, the evil remains the same, his opinion has gone forth and can never be recalled.

The man whose talents or station may give him a commanding influence over public opinion, should ever remember that he is in duty bound to exert that influence for the public good.

It is to be regretted that even in these days of medical light and knowledge, the line of demarkation between the scientific practitioner and the professed quack, is not always so clearly defined as it should be.

The following case, which occurred a few weeks since, will afford an illustration in point.

I was called upon to examine a tumor upon the neck of a gentleman from a neighboring State. Upon removing his cravat, which partially concealed the tumor, I discovered a ten cent piece attached to a cord, which passed around his neck, together with a string of gold beads hanging in festoons over the tumor. I first made inquiries touching those "depositesof the precious metals," and was informed by the patient that he had consulted a seventh son, who presented him with the ten cent piece, to be constantly worn about his neck;—but that the gold beads had been subsequently directed by a *regular practitioner*, who informed him that the silver was a very good application, but that in real scrofulous humors, the gold was more powerful.

There is a custom which sometimes prevails among

practitioners of respectable standing, which is nevertheless a species of quackery; they prescribe for a sinking faintness at the stomach, strengthening bitters to be steeped in old Holland gin, while the scientific apothecary advertises Huxham's Tincture of the bark, prepared in Coniac brandy; these articles produce their exhilirating effects and seem to afford temporary relief,—but bitters, like all other sublunary things, pass away, they are gone before the patient is aware of it, he then concludes to try for a few days the effect of the gin alone, and is agreeably surprised to find that the gin answers his purpose very well without the bitters. And he who takes the bark, in the same easy way, comes to the conclusion that old Coniac brandy, if it be really nice, is a pretty good substitute for Huxham's Tincture; he takes it, and says he always feels the better for it.

These individuals are generally found in the higher walks of life; the articles of potatoe whiskey or New England rum are never found within their precincts: still they are carried away captive by that same old serpent called alcohol, who, in the end, is sure of his victim. In this manner many an excellent man has been hurried out of the world by the use of the very means which were intended to keep him in it.

The physician whose prescriptions may be productive of such results, must upon deliberate reflection feel a weight of responsibility which nothing but habit can render tolerable;—he actually puts into the hands of his patient a license to become intemperate, for which he is justly accountable.

Doctor Fothergill, in the latter part of his life, regretted having used spirtuous tinctures so frequently in his practice, as he feared that in many instances he had insensibly paved the way to spirit drinking.

But to return to our subject.

It is not very common for people in these regions, while laboring under acute diseases, to trust themselves in the hands of a professed quack. These cases are generally committed to the charge of the regular practitioner, who having perhaps safely conducted his patient through the acute stage of a dangerous disease to a state of convalescence, may have the mortification to see that patient on his first appearance abroad, collecting sums of money from his neighbors, in order to employ a quack doctor, to purify his blood and complete the cure; while he who has borne the burthen and heat of the day receives nothing for his services but the ingratitude of his patient.

That a large proportion of chronic complaints are at length subdued by the powers of the system, is a fact well known to the Empiric. He also knows that weakness of body and imbecility of mind generally go hand in hand; he therefore turns his attention almost exclusively to individuals laboring under chronic diseases;—these are diligently sought out and made to suffer the consequences of their credulity. He commences his work of deception with soothing promises, even in the most desperate cases, and like the serpent in the garden of Eden, whispers in the ear of his deluded patient, "thou shalt not surely die."

He is constantly harping upon the injurious effects

of mercury, and bloodletting, while he extols the virtues of vegetable productions; let his compounds therefore be what they may, they are always called *vegetable*, and consequently, safe.

The trade of compounding and vending quack medicines, has increased in this country to an alarming degree; the business has become systematized, and affords constant employment for thousands of individuals, who had rather subsist by their wits than by their labor. Here foreign impudence and Yankee ingenuity have produced results which are truly astonishing. Many of these medicines are distributed from house to house by tin-pedlers,—who are not only ready to accommodate their customers with tin graters and coffee pots, but also with jaundice bitters, cough drops and Hygeian pills, all warranted genuine, and highly recommended. The tax which is in this manner levied upon the people, great as it is, is of little moment, when compared with the positive evil which attends the use of these articles. A single patentee, who is constantly at home compounding his medicines and sending them through the country, is doing more injury to the community than a host of itinerant quacks.

The principal object of this discourse is to point out a remedy for this species of quackery. If I should fail in my undertaking, it will subject me to little mortification, because abler men have labored in vain and spent their strength for nought in the same cause.

There is a mistaken impression abroad in the world, that quack doctors and patent medicines, by

preventing and curing diseases, diminish the business of the regular practitioner; and that his opposition to quackery arises from selfish motives. Now this mistake should be corrected. We have proofs without number, which tire by their sameness, that spirit-drinking leads to poverty, litigation and crime, and consequently affords employment for the lawyer;—no one doubts the truth of this; but it is equally true, that the use of quack medicines, by multiplying and aggravating chronic diseases, is constantly affording employment for the scientific physician; this fact, having attracted very little attention, is not generally known by the people at large.

Now the lawyer, and physician, whose sole object is the accumulation of dollars and cents, will be perfectly willing to leave these matters to regulate themselves; but as christians, and philanthropists, they are in duty bound to coöperate with others in abolishing the use of these pernicious articles.

Some idea of the extent to which quack medicines are circulated may be formed by the country practitioner. He is compelled by circumstances to carry his medicines with him, and to deal them out with his own hands. In his excursions abroad, he frequently has occasion to inquire for phials at the house of his patient; this inquiry brings forth the family medicine chest, where he is almost sure to find a goodly number of empty phials and pill boxes, which had once been filled with patent medicines, while printed certificates of marvellous cures supply him with wrapping paper for his Dover's powders. Here

he finds anti-bilious pills, Gordak's physical drops, anti-scorbutics, and worm-destroying lozenges. In this same chest he may also find the wreck of the once popular Conway medicines, bearing upon their envelope, between an index and a mark of admiration, a caution more salutary than the medicines themselves, "*as you value your health, be particular.*" A due regard to this caution might have saved many lives.

But the trials of the country practitioner end not here; his patients will, now and then, take a dose of some of their infallible compounds, during his regular attendance; this, by the way, is carefully concealed from the *doctor*, lest he should be offended. Thus he is liable to find his patient under the influence of some powerful quack medicine, with which he may be totally unacquainted. If, under such circumstances, he should happen to hesitate, he is told by the patient, or nurse, that the medicine which has been taken never does harm in any case; and in proof of this assertion, he is presented with the printed certificate of the "sole agent and proprietor" of the article, who declares *upon his honor* that the medicine may be taken with perfect safety, by persons of all ages, both sexes, and under any circumstances. There is the proof in black and white; and with this explanation, the doctor must seem at least to be satisfied;—arguments are useless; if he have "reasons as plenty as blackberries," he may reserve them for other occasions; he may as well attempt to convince a patient in delirium tremens, that there are no rats about his bed, or sheriffs about his house.

And here let me exhort the physician to keep himself cool, for in matters of faith, counter-irritation is at best but a doubtful remedy.

If we may judge of the future from the past, little can be expected, in the present state of things, from legislative enactments for the suppression of quackery. The importance of the subject has not been sufficiently impressed upon the minds of the people. Instead, therefore, of petitioning for legislative interference, let the people first be enlightened upon the point; let them be made to realize the extent of the evil and its ruinous consequences, and in due time wholesome laws will be enacted, which will be duly enforced, and produce the desired effect.

The laws which have heretofore been passed in these States for the suppression of quackery, so far as my knowledge extends, have generally failed of accomplishing the benevolent intentions of the different legislatures. But this is not all; they have, in many instances, not only failed of their object, but have actually operated as a bounty upon quackery. For example, the statute of this Commonwealth deprives the quack doctor of the privilege of collecting his accounts by law; this, instead of depriving him of his fee, affords him a fair excuse for demanding it in advance, a rule which the whole fraternity have always endeavored to enforce upon their patients.

The following case, which occurred a few years since, will exhibit a promptness in collecting, which has rarely been surpassed by practitioners who have the law on their side.

A German doctor, on his journey from Vermont to Boston, made a short stop in a village within a few miles of my residence,—he called upon all the invalids, examined their cases, told them exactly how they felt, and that he had cured thousands like them in the "old countries." But having had a great deal of business to do on his journey, he had completely exhausted his whole stock of medicines: and happening to be a little short of funds just at that time, he concluded, after much deliberation, to take their phials, and a little ready money to purchase the necessary medicines, and call on his return and cure them up. It was said, moreover, that he was a pious man,—kind-hearted and good to the poor; where they were unable to advance two dollars, he condescended to take one, and when they had no money, he generously received their empty bottles, to be filled with medicines without fee or reward. This little artifice was contrived and executed with so much address, that in the short space of two days he not only collected their empty phials, but actually received forty dollars in cash, and straightway took his journey for Boston.

But disappointment is the common lot of man; for some unaccountable reason, which has never been clearly explained, the doctor did not happen to return that way, and has never been heard of since. But this has become an old affair; these people never mention it now.

In a government like ours, where the people make and administer their own laws, a statute which does

not harmonize with public sentiment, will be repealed, modified or nullified; in a word, it will never be enforced. A law which would deprive a citizen of the privilege of tampering with the lives of his fellow citizens, might be deemed an infringement upon the rights of the people, and incompatible with the spirit of our free institutions.

In some of the governments of Europe, quackery is restrained by statutes which subject the offender to severe penalties. In Russia, for example, no one is allowed to visit the sick, who has not been previously examined by the College of physicians, under the following penalties, to wit,—if he be a native, he is liable to be sent to Siberia, and to have his property confiscated; if a foreigner, to be sent out of the empire.

In Germany, no empiric is allowed to exhibit a single nostrum. This circumstance will account for the multitude of German quacks with which this country is infested. These are generally birds of passage, and as their works will follow them, they seldom stay long in a place. Too indolent to labor, they embark with their goods and chattels for this land of freedom, which they expect to find flowing with milk and honey; they arrive among us without much silver or gold, but this deficiency is abundantly supplied to them by a double portion of brass, which too often passes here as true coin; this, together with what is commonly called a "knowledge of men and things," constitutes their whole stock in trade. Our people are hospitable to strangers, and take them in,—then

in return are taken in themselves. Dr. Moor observes, these are generally men of superficial knowledge, and a considerable degree of natural shrewdness, and such a portion of impudence as sets them above embarrassment, even when their ignorance and fraud are made manifest.

The people of these States are intelligent, industrious, and enterprising. Through the medium of the public press, a mass of useful information is constantly furnished to every class of our citizens. The thousands of newspapers and periodicals which are circulated among us every day, abundantly prove that we are a reading people; we rejoice that it is so,—for we rely principally upon the information of the people for the permanency of our present form of government; but it unfortunately happens that the newspapers are the channels through which the greater part of quack medicines are puffed into notice; some of these papers derive their principal support from advertisements of this description.

It is curious enough to notice the ingenuity with which some of these things are got up. I will, with your indulgence, exhibit a single specimen of this kind of advertising,—we will take, for instance, "Dr. Relfe's Aromatic Pills," for females. Here we find a medicine offered for sale, with which the purchaser would expect to procure abortion. The advertisement is couched in artful phraseology, still the language is too plain to be misunderstood, even by that class of individuals for whom it is intended. These pills are said to be innocent in their operation,

but powerful in removing female obstructions; married ladies will find them equally useful, except in cases of pregnancy, when they must not be taken. Price five dollars a box. There is the article; there is the price; and who can mistake the object?

Now please to mark this prohibition; these pills are not to be taken *by married ladies* during pregnancy. I will illustrate this prohibition by an anecdote of the Revolutionary war. A portion of the American army was stationed, at a certain time, near the residence of wealthy farmers, where pilfering from the inhabitants was strictly prohibited by a general order: a number of the officers, while walking together at sunset, discovered above their heads a flock of turkeys perched upon a tree. One of these officers turned to his waiter, and observed to him, with a significant nod, John, you perceive here are turkeys, but remember, *they are not to be disturbed.* This prohibition was perfectly understood,—and it is hardly necessary for me to add, that these officers supped upon turkeys that night.

This is one of the many cases where an inert medicine may be productive of fatal results; the promise of a safe and certain remedy will diminish the fear of multiplying risks. A trial of this medicine would of course end in disappointment. Then comes the danger; the disappointment would be directly calculated to drive the deluded wretch, as a last resort, to the commission of suicide; then the solemn farce of the Coroner's inquest closes the scene.

Another circumstance, connected with the trade,

seems to require a passing remark; the profits accruing to the retailer from the sale of quack medicines, hold forth a powerful inducement for him to circulate them as extensively as possible. These articles are deposited with the retailers of other goods in all parts of the country, to sell or return. The patentee will frequently allow his retailing agents fifty per cent. profits on their sales. Handbills proclaiming their wonderful efficacy are therefore displayed in conspicuous parts of their stores, to attract the attention of their customers; this is done, too, by men who have conscientiously abandoned the sale of ardent spirits. When reminded of their inconsistency, they excuse themselves by saying, "people must see and judge for themselves." Still the charge, of leading the weak and credulous into temptation, must rest upon them. It is not only hoped, but confidently believed, that the time is not far distant, when no man of respectability will be found willing to become an agent in this work of imposition and fraud. And unless we are greatly deceived, the signs of the times will justify the prediction. We are led to this conclusion, from the well known fact that great moral evils carry with them the rudiments of their own destruction.

This, verily, is an age of inventions; innovation is the order of the day; we have changes for the better, and changes for the worse. For instance, our ships, our land carriages, and our printing presses are propelled by steam; then, by the application of the same power, with the assistance of poisonous vegetables, our

credulous invalids are hastened on to "that undiscovered country, from whose bourne no traveller returns."

This is moreover a day of discussion: every thing is discussed; we have orations, addresses, lectures, and long speeches upon all subjects, and, I had almost said, upon all occasions. In former times, these duties devolved almost exclusively upon clergymen; but it is now ascertained, that not only clergymen, but laymen, also, can give lectures upon subjects which have engaged their particular attention. In fact, almost any man of common intelligence is capable of lecturing upon something.

This is as it should be; many advantages have resulted from multiplying this class of public teachers. The individual, during his preparation for a public discourse, will be almost sure to gain for himself more or less information upon his subject, which will ultimately be added to the common stock. Then curiosity to hear the maiden speech of an obscure individual will sometimes fill a house to overflowing. With a knowledge of this fact, the manager of the Theatre announces "a gentleman, for his first appearance on any stage."

If the speaker be well qualified for his undertaking he will always impart light and instruction to his hearers, which will turn to account. And if he should happen to be a little deficient, or even poorly qualified, he may excite a laudable emulation among his audience, which should always be cherished; they would naturally turn their attention to what might have been said upon the topic under discussion; many a modest

man, while listening to a dull discourse, has experienced the heartfelt conviction, that he could have treated the subject better himself. The puny production of him who possesses but one talent, may rouse the attention of clearer heads, and assist in developing the mental resources of a whole community.

Mankind are gregarious, they form societies and associations, for the purpose of directing the united efforts of the multitude to objects which could never be accomplished by individual exertion : and although, within a few years past, this system may have sometimes been applied to frivolous objects, and in some instances carried to ridiculous extremes, still it must be admitted that much good has resulted from it.

For the truth of this assertion, no better proof can be required than the brilliant success which is crowning the exertions of the great association for the suppression of intemperance. This grand work is going on, conquering and to conquer, with a steady aim to the accomplishment of the ultimate object. The fruits which have already been realized from the well-directed efforts of this association, have compelled even skeptics to admit, that this in reality is one of the wonders of the age. This great change has been brought about by an entire change in public opinion ; the change in public opinion has been effected by a general diffusion of knowledge among the people upon this particular subject.

I will give one other instance of the overpowering influence of public opinion. Some few years ago, the attention of the people was directed, by some news-

paper essays and discussions, to the subject of Lotteries, as a nuisance which required investigation; then, the timely discovery of the embezzlement of a few hundred dollars, together with a suicide which grew out of it, produced an excitement which has banished this species of gaming from our commonwealth. Public sentiment has proclaimed to the venders of lottery tickets, in a tone of energy which cannot be resisted, "thus far shalt thou go, and no farther."

From these, and other instances which might be adduced, we are led to infer, that the people will ever be disposed to do right, when they are brought to realize that they are doing wrong.

That the suppression of quack medicines is an object of importance second to none, save that of intemperance, is a truth which will be admitted by every one, who may give the subject a thorough investigation. The remedy in both cases must be the same; namely, a change in public opinion. The people are now disposed to investigate for themselves; they seem unwilling to take any thing on trust. The antiquity of a system will no longer guarantee its continuance. This therefore seems to be a favorable time to commence this great work of reformation. But in order to insure success, the subject must engage the attention of individuals of influence and character out of the Medical profession; in a word, it must become a common cause, or effort will be useless.

For this purpose, let an association be formed for the suppression of quack medicines. Let a general society be organized, with subordinate branches, whose

object shall be to collect and diffuse information among the people upon this subject. Let them establish newspapers and periodicals devoted to the cause. These might be made to contain matter which would insure to them an extensive circulation: they would not only expose the tricks of deception which are inseparably connected with this kind of traffic, but the injurious effects of these medicines would afford a chapter of items for every paper. And let moralists say what they will, nothing is read with more avidity than accounts of murder and suicide.

In addition to this, let them employ a scientific Chemist, to make and publish a careful analysis of the quack or patent medicines in common use, and promptly analize every new article of the kind which may appear in the market. It is not expected that an analysis of quack medicines would at once prevent the circulation of these villanous compounds; but there is one thing it would do, it would enable the Physician, with more certainty, to counteract their deleterious effects.

An analysis of the patent medicines, which are continually puffed off in the papers of the day, would satisfy at least the thinking part of the community, that Vegetable Pills are sometimes composed of arsenic, and Botanical Drops of corrosive sublimate;—a want of this kind of knowledge has led many a fair damsel to exchange a slight eruption of the face for a pulmonary consumption, periodical headache, or epileptic fits.

There is a certain class of quack medicines which

come into general use by general consent; they seem to retain the public confidence, as certain individuals hold their real estate, by possession:—these, however, are not generally very powerful in their operation. Now it is utterly impossible for the physician to practise his profession without occasionally coming in contact with these popular remedies; being always at hand, they are frequently exhibited, in cases of emergency, before his arrival. It therefore becomes exceedingly desirable, that he should make himself familiarly acquainted with their usual operations, that he may know what he is to expect from them. It is a fact well known to every physician who has been a few years in practise, that many of our most intricate and obstinate chronic diseases, originate in trifling maladies, which have been aggravated by the use of improper remedies.

These cases exhibit such a strange diversity of anomalous symptoms, as to require in the practitioner the full exercise of his discriminating powers, to enable him to avoid that error which too easily besets us, of mistaking causes for effects, and effects for causes. —For the truth of this declaration I confidently appeal to every physician of experience in this house.

An analysis of quack medicines could hardly fail of throwing light upon these perplexing cases.

Our subject would afford a fund of interesting matter for popular lectures, which might take rank among our most efficient means for breaking down the strong holds of quackery. A lecturer might, for example, raise the veil which conceals the deeds of the Cancer

Doctor, and present to an audience a full view of the whole deception,—a simple relation of facts is all that would be required.

Without pretending to any extraordinary skill in the treatment of Cancer, I can truly say, that circumstances have afforded me an opportunity of watching the progress of this disease, through its different stages and under different methods of treatment, in a great variety of cases. I therefore feel myself authorized to speak with more confidence upon this subject than upon almost any other. Now the cancer doctor endeavors to impress a belief on the minds of his patients, that his caustic plaster is always inactive, unless when brought in contact with real cancer; and that it possesses the extraordinary power of separating the cancer from the sound parts, and of drawing it out by its roots.

This subject might be discussed under three heads. In the first place, let the audience be made distinctly to understand, that the caustic is a powerful agent, which will destroy any part of the body to which it may be applied. In the next place,—that the cures which have resulted from this practice have generally been performed upon tumors of an inoffensive character, but which have uniformly been declared to be cancerous; because the caustic, when applied to them, has always taken effect. And in the third and last place,—by giving plain and accurate details of the cases of the real cancer treated in this manner, it will be made to appear, that in a large majority of them, the application of the caustic, instead of separating the cancer from

the sound parts, has corroded the brittle thread of life, and separated the soul from the body.

These surely are simple facts, which would require no extraordinary powers of description to be clearly comprehended by people of all classes. If this single branch of quackery would not afford a topic for a lecture, I confess I know not what would.

I am aware of the difficulties, which one would have to encounter in collecting and arranging the details of such cases; that much of his evidence must be derived from bills of mortality, tradition, and family records: but by industry and perseverance, these difficulties may be surmounted, and the cause of philanthropy demands the effort.

I am aware that the plan, suggested in the foregoing discourse, for the suppression of quackery, may be considered impracticable and visionary; and that it may have to encounter the sneers and ridicule of unbelievers; but be it so,—a want of faith among the people retarded for a time the progress of the temperance cause:—I am however fully persuaded that this thing is practicable. There is a redeeming power that will not always sleep;—The people of New England will, sooner or later, by this or some other method of a similar kind, divest themselves of those shackles of ignorance and imposition with which they have been so long enslaved.

ARTICLE IX.

SELF-LIMITED DISEASES.

BY JACOB BIGELOW, M. D.

Fellow of the Massachusetts Medical Society, and Professor of Materia Medica in Harvard University.

[Delivered before the Society, May 27, 1835.]

Since the period of our last annual meeting, our Society has sustained a loss, in the decease of its worthy and respected Vice-President. Dr. John Dixwell, whose professional career in this city had been assiduous, enlightened, and honorable, and whose faithful services in successive offices of the Society, had been so long recognized, that his familiar countenance seemed almost necessarily associated with our periodical assemblings, has departed from amongst us.

In the same year has died, Dr. Benjamin Lynde Oliver, a patriarch in the medical community, the long and even tenor of whose life has been characterized by a philosophic taste, and a laudable zeal to increase the resources of the healing art.

Dr. Ezra Starkweather, one of the distinguished members of our profession, has vacated by

his death a station rendered influential by the weight of his private character, and important by his efficient services, both in the councils of this Society, and in those of the Commonwealth.

It is fit that the tribute of our passing homage should be paid to the memory of men like these, and that the instructions, which may result from the noticeable event of their decease, should be brought home to our most serious contemplation. We meet, not to lament the fate of men, whose lot was desirable, in as much as their usefulness and good name were commensurate with their lives; but rather to review the duties which are devolved upon ourselves, as surviving representatives of a difficult and responsible profession.

The death of medical men is an occurrence which eminently demands our attention, for it speaks to us of our science, and of ourselves. It reminds us, that we, in turn, are to become victims of the incompetency of our own art. It admonishes us, that the sphere of our professional exertions is limited, at last, by insurmountable barriers. It brings with it the humiliating conclusion, that while other sciences have been carried forward, within our own time and almost under our own eyes, to a degree of unprecedented advancement, Medicine, in regard to some of its professed and most important objects, is still an ineffectual speculation. Observations are multiplied, but the observers disappear, and leave their task unfinished. We have seen the maturity of age, and the ardent purpose of youth, called off from the half cultivated field of

their labors, expectations and promise. It becomes us to look upon this deeply interesting subject with unprejudiced eyes, and to endeavor to elicit useful truth from the great lesson that surrounds us.

In comparing the advances which have been made, during the present age, in different departments of Medical science, we are brought to the conclusion, that they have not all been cultivated with equally satisfactory success. Some of them have received new and important illustrations from scientific inquiry, but others are still surrounded with their original difficulties. The structure and functions of the human body, the laws which govern the progress of its diseases, and more especially the diagnosis of its morbid conditions, are better understood now, than they were at the beginning of the present century. But the science of therapeutics, or the branch of knowledge by the application of which physicians are expected to remove diseases, has not, seemingly, attained to a much more elevated standing than it formerly possessed. The records of mortality attest its frequent failures, and the inability to control the event of diseases, which at times is felt by the most gifted and experienced practitioners, give evidence that, in many cases, disease is more easily understood, than cured.

This deficiency of the healing art is not justly attributable to any want of sagacity or diligence on the part of the medical profession. It belongs rather to the inherent difficulties of the case, and is, after abating the effect of errors and accidents, to

be ascribed to the apparent fact, that certain morbid processes in the human body have a definite and necessary career, from which they are not to be diverted by any known agents, with which it is in our power to oppose them. To these morbid affections, the duration of which, and frequently the event also, are beyond the control of our present remedial means, I have, on the present occasion, applied the name of *Self-limited diseases;* and it will be the object of this discourse to endeavor to show the existence of such a class, and to inquire how far certain individual diseases may be considered as belonging to it.

By a self-limited disease, I would be understood to express one which receives limits from its own nature, and not from foreign influences; one which, after it has obtained foothold in the system, cannot, in the present state of our knowledge, be eradicated, or abridged, by art,—but to which there is due a certain succession of processes, to be completed in a certain time; which time and processes may vary with the constitution and condition of the patient, and may tend to death, or to recovery, but are not known to be shortened, or greatly changed, by medical treatment.

These expressions are not intended to apply to the palliation of diseases, for he who turns a pillow, or administers a seasonable draught of water to a patient, palliates his sufferings; but they apply to the more important consideration of removing diseases themselves through medical means.

The existence of a class of diseases, like those

under consideration, is, to a certain extent, already admitted, both by the profession, and the public; and this admission is evinced by the use of certain familiar terms of expression. Thus, when people speak of a 'settled disease,' or of the time of 'the run of a disease,' it implies, on their part, a recognition of the law, that certain diseases regulate their own limits and period of continuance.

It is difficult to select a perfectly satisfactory or convincing example of a self-limited disease from among the graver morbid affections, because in these affections, the solicitude of the practitioner usually leads him to the employment of remedies, in consequence of which, the effect of remedies is mixed up with the phenomena of disease, so that the mind has difficulty in separating them. [Note A.] We must therefore seek for our most striking or decisive examples among those diseases which are sufficiently mild, not to be thought to require ordinarily the use of remedies, and in which the natural history of the disease may be observed, divested of foreign influences. Such examples are found in the vaccine disease, the chicken pox, and the salivation produced by mercury. These are strictly self-limited diseases, having their own rise, climax, and decline, and I know of no *medical* practice which is able, were it deemed necessary, to divert them from their appropriate course, or hasten their termination. [Note B.]

It may appear to some, that the distinction of these diseases from others, is the old distinction of acute and chronic. Yet on due inquiry, such an

identification is not found to be sustained, for there are some acute diseases which, we have reason to believe, are shortened by the employment of remedies; while on the other hand, certain chronic cases of disease are known to get well spontaneously, after years of continuance.

If the inquiry be made, why one disease has necessary limits, while another is without them, the reply is not uniform, nor always easy to be made. Sometimes the law of the disease may be traced to the nature of the exciting cause. Thus the morbid poison of measles, or of small pox, when received into the body, produces a self-limited disease; but the morbid poisons of itch and syphilis may give rise to others which are not limited, except by medical treatment. [Note C.] Sometimes also, the cause being the same, the result will depend on the part, organ, or texture which is affected. Thus if we divide with a cutting instrument the cellular or muscular substance, we produce a self-limited disease, which, although it cannot by any art, be healed within a certain number of days or weeks, yet in the end gets well spontaneously, by one process, if the lips are in contact,—and by another and slower process, if they are separated.* But if, on the other hand, we divide a considerable artery, we have then an unlimited disease; and the hemorrhage, or the aneurism, which follows, does not get well, except through the interposition of art.

* In one case, the disease is a solution of continuity; in the other, a solution of continuity and contact.

The class of diseases under consideration, comprehends morbid affections, differing greatly from each other, in the time, place and nature of their spontaneous developments; so that they may admit of at least three general subdivisions. These may be called, 1st. The *simple;* in which the disease observes a continuous time, and mostly a definite seat: 2d. The *paroxysmal;* in which the disease, having apparently disappeared, returns at its own periods: and, 3d. The *metastatic;* in which the disease undergoes metastasis or spontaneous change of place. In the present state of our knowledge, we have no difficulty in finding examples of each of these subdivisions. There are also other examples, in which the disease, although capable of being in part influenced by medical treatment, still retains a portion of its original intractability, and has strong relations to the class in question.

As a mode of directing our inquiries toward these diseases, we may suspect those complaints to be self-limited, in which it is observed that the unwary, and the sceptical, who neglect to resort to remedies, recover their health without them. We may also suspect diseases to be of this character, when we find opposite modes of treatment recommended, and their success vouched for, by practitioners of authority and veracity. We may moreover attach the same suspicion to cases, in which the supposed cure takes place under chance applications, or inconsiderable remedies; as in the empirical modes of practice on the one hand, and the minute doses of the homœopathic method on the other. Lastly, we

may apprehend that cases are fatally self-limited, when enlightened physicians die themselves of the diseases which they had labored to illustrate,—as in the case of Corvisart, Laennec, Armstrong, and others. [Note D.]

In proceeding to enumerate more precisely some of the diseases which appear to me to be self-limited in their character, I approach the subject with diffidence. I am aware that the works of medical writers, and especially of medical compilers, teem with remedies and modes of treatment for all diseases; and that in the morbid affections of which we speak, remedies are often urged with zeal and confidence, even though sometimes of an opposite character. Moreover, in many places, at the present day, a charm is popularly attached to what is called an active, bold, or heroic practice; and a corresponding reproach awaits the opposite course, which is cautious, palliative, and expectant. In regard to the diseases which have been called self-limited, I would not be understood to deny that remedies capable of removing them may exist; I would only assert, that they have not yet been proved to exist.

Under the simple self-limited diseases, we may class *hooping cough*. This disease has its regular increase, height, and decline, occupying ordinarily from one to six months. During this period, medical treatment is for the most part of no avail. After hooping cough has reached its climax, change of air sometimes appears to hasten convalescence. Also if inflammatory, or other morbid affections,

supervene upon the pure disease, they may become subjects for medical treatment. With these exceptions, hooping cough appears to be a self-limited disease.

Most of the class of diseases usually denominated eruptive fevers, are self-limited. *Measles*, for example, is never known to be cut short by art, or abridged of its natural career. *Scarlet fever*, a disease of which we have had much and fatal experience during the last three years, is eminently of this character. The reasons, which induce me thus to regard it, are the following. The writings of medical observers agree in assigning to it a common, or average period of duration, and this is confirmed by the observations of practitioners at the present day. From this average duration and character there are great natural deviations, the disease being sometimes so slight, as to attract the notice of none but medical eyes, and sometimes so malignant, that treatment is admitted to be hopeless. The modes of treatment, which have had most testimony in their favor, are various, and opposite. By Dr. Fothergill, stimulants were relied on; by Dr. Currie, cold water; by Dr. Southwood Smith, and others, blood letting. But it is not satisfactorily shewn, that either of these modes of practice has been particularly successful; for where the writers have furnished us any thing like definite, or numerical results, it does not appear that the mortality was less in their hands than it is among those who pursue a more expectant practice. The post mortuary appearances, which in many diseases furnish useful lessons for

practice, are in scarlet fever extremely various and uncertain; and sometimes no morbid changes, sufficient to account for death, can be discovered in any of the vital organs, or great cavities. [Note E.]

Small Pox is another example of the class of affections under consideration. It may, at first view, appear, that inoculation has placed artificial limits on this disease. But it must be recollected, that inoculated Small Pox is itself only a milder variety of the same disease, having its own customary limits of extent and duration, which are fixed, quite as much as those of the distinct and confluent forms of the natural disease.

Erysipelas is an eruptive fever, having strong analogies with those which have been detailed. It is not certain, that art can very materially affect either the duration or the extent of this malady. If a physician is called to a case of erysipelas, which is beginning to be developed upon a part of the face, and if he is asked, whether the disease will extend to the crown, or the neck, or to the right ear or the left,—he cannot tell. And if he is asked to prevent it from visiting either of these places, I know of no satisfactory evidence that he can do it. Erysipelas, however, in a great number of simple, or exanthematous cases, in subjects previously healthy, gets well without any treatment; and in a great number of deep-seated and phlegmonous cases, as well as of those in which vital organs are affected, it proves fatal under the most approved methods of medical and surgical practice. It is true, that patients have recovered, under punctures, incisions,

and cautery. It is also true, that they have died under the same operations, so that it may be submitted as a doubtful point, whether we yet possess adequate evidence, that erysipelas is not also a self-limited disease.

It is a question of great interest to the medical profession, to determine whether *typhus* is a disease susceptible of control from medical means. On this subject no one now doubts, that if the disease is once fairly established in the system, it cannot be eradicated by art, but must complete a certain natural course, before convalescence can take place. But a question still exists, whether this disease is capable of being jugulated, or broken up, at its outset, by the early application of remedies.

It must be allowed, that attacks of disease resembling those of typhus, sometimes speedily disappear during the use of remedies; but it is by no means certain that such cases are actually cases of typhus. The diagnosis of typhus, during the first day or two, is extremely difficult, its character being simulated by different febrile and inflammatory affections; so that if a patient, under the use of remedies, succeeds in avoiding protracted disease, we are not justified in saying, that the disease he has escaped was typhus. Andral, whose experiments on the different modes of treatment in continued fever, are very extensive, has stated, that in a number of cases, observed by him, in which the fever was sufficiently intense, the disease ceased in twenty-four or forty-eight hours, without any treatment, except that of rest and a regulated diet.*

* Clinique III. 619.

Moreover, in weighing the influence of treatment, it ought to be recollected, that during the existence of any prevailing epidemic, mild cases, partaking of a similar character to that of the reigning disease, continually appear among the less susceptible part of the community. Thus cholera is attended by diarrhœa or cholerine, influenza by mild catarrh, small pox by varioloid, scarlet fever by slight sore throats or ephemeral eruptions, &c. Now, although these cases are in reality modified examples of the grave diseases which they accompany, yet I believe that no well-informed physician will attribute the mildness or shortness of their character to his own particular practice.

On the other hand, it is certain that cases of real typhus do often come under active treatment at an early stage, without being broken up, or disarmed of their appropriate consequences. This particularly happens, when the disease is endemic in families, so that successive cases begin, as it were, under the eye of the attending physician, who has every possible inducement to detect and prevent them, if he can. In such families, indeed, it will sometimes happen, that febrile attacks of different kinds, consequent upon fatigue and anxiety, and perhaps partaking of the typhoid character, will take place among the friends and attendants of the sick; and these may disappear speedily, under rest and evacuations. But that grave and specific typhus will thus disappear, is a point of which we as yet want proof. That it sometimes fails to disappear, we have abundant proof.

Typhus has, in many respects, a marked affinity with the class of eruptive fevers, which are supposed to depend on a specific morbid poison, and which no one pretends to intercept, after the body has become infected with them. Scarlet fever and measles, for example, when once established, require a certain number of days to finish their course; so also does typhus. Scarlet fever and measles can, in most cases, be had but once during life; but to this general rule there are exceptions. The same is precisely true in regard to typhus. The contagiousness of scarlet fever is a point of dispute among physicians; and so is that of typhus. Scarlet fever is attended by an eruption on the skin. Typhus also has for one of its most constant symptoms a red, lenticular eruption, called by the French *taches*, consisting of a few, scattered, rose-colored pimples, appearing chiefly on the trunk, from about the sixth to the nineteenth day of the disease. There also occurs, in most subjects, a minute, vesicular eruption, called *sudamina*, about the neck and elsewhere. In scarlet fever, moreover, certain portions of the mucous membrane undergo morbid alterations, particularly on the tonsils, and other parts of the fauces, and these frequently degenerate into ulcers, affecting the subjacent textures. In like manner, in typhus, the mucous membrane of the glandular patches in the small intestines, which have been named after the anatomist Peyer, undergo morbid changes, and these changes are followed by ulcerations, and sometimes perforations of the intestine. This fact, established by the researches

of Louis and other pathologists in Paris, has been abundantly confirmed by post mortem examinations made in this country during the last few years. If it be objected to the proposed classification of typhus, that the *taches* are sometimes few in number, or wholly absent: it is equally true, that the pustules of inoculated small pox are likewise often very few, or absent; and that the eruption of scarlatina sometimes wholly fails to appear. The sore throat also in the latter disease is wanting, quite as often, to say the least, as the morbid affection of Peyer's glands.

Before quitting the subject of typhus, I beg leave to introduce the opinion of one or two medical writers, in regard to the possibility of interrupting or breaking up this disease by means of art. M. Louis, of whose researches in regard to typhus, it is but small praise to say, that they are more exact and comprehensive than those of any living writer, is of opinion that the disease cannot be thus intercepted. 'Experience,' says he, 'has shown, that a well marked typhoid affection is not capable of being broken up.'* To this testimony of one of the most eminent teachers in the French metropolis, it may not be amiss to add that of an American physician, whose opportunities for observing the disease

* 'L' experience ayant montré, que l' affection typhoide bien caractérisée, n' est pas susceptible d' etre jugulée, ce qui n' est guere moins vrai, d' ailleurs, suivant toutes les apparences, de la peripneumonie et des autres maladies inflammatoires.'—Louis, *Gastro-entérite.* II. 512.

Andral says, in regard to the different modes of treatment in typhus, 'Quelles que soient les mèthodes employées, il est un certain nombre de cas où, sans que ces methodes y prennent part, la nature conduit la maladie à une terminaison heureuse ou funeste.—*Clinique* III. 616, 617.

in different parts of New-England were extensive, and whose Essay on Typhus Fever well merits an attentive perusal. The late Dr. Nathan Smith, in the course of some remarks on the possibility of interrupting this disease at its commencement, observes, 'During the whole of my practice I have never been satisfied that I have cut short a single case of typhus, that I knew to be such.'

Having said thus much, I leave the subject of the tractability of typhus, to the light of future investigation. It is but justice to state, that numerous and highly respectable authorities are declared in favor of the efficacy of art in shortening and mitigating this disease; and it will be a source of gratification to the friends of humanity and science, should it ultimately be settled, that the active treatment now usually pursued at the commencement of typhus, is instrumental in lessening its duration, severity, or danger.

Among the morbid affections which have now been enumerated, may be found sufficient examples of continued diseases, which receive limits from their own nature, and not from the interference of art. Whether the number of these diseases may not be augmented by additions from among other fevers, and acute inflammations, I am not prepared to decide. It is difficult, however, to withhold the belief, that a more extended inquiry must probably serve to multiply, rather than diminish, the number of maladies to which this character will be found appropriate.

We come next to a second order of self-limited diseases, of which the term *paroxysmal* is sufficiently descriptive. This term applies to certain morbid affections, which recur in fits or paroxysms, leaving the patient comparatively well in the intervals, at the same time that the paroxysms themselves can neither be foreseen, prevented, nor, as far as we know, materially abridged in their duration. At the head of this subdivision stands *Epilepsy*, a disease which has long been eminent as an opprobrium of medicine, and for which, it is believed, the healing art has not yet devised a cure. The first attacks of epilepsy, especially while there is any doubt as to the nature of the malady, are usually made the subjects of active and various treatment. But after the recurring paroxysms have established the character of the disease, if active medical practice is persevered in, it is rather to satisfy the anxiety of friends, than the judgment of the practitioner.

Angina pectoris, appropriately called by Dr. Good, Sternalgia, is a paroxysmal disease, which controls its own movements. The anatomical character of this disease is not well understood, and I may add, the same is true of its medical treatment. And in this place it may be proper to state, that various incurable lesions of the heart, lungs, brain, and other viscera, do not apparently destroy life by a regular, undeviating march; but that as far as their outward phenomena afford evidence, they seem to proceed by alternate fits and pauses, undergoing, in their progress, all states, except that of retrogradation. This is apparently true in regard to tuber-

cles, ossification, hypertrophy, and some other morbid alterations. It is also even true in regard to old age itself.

Thirty years ago, we might have added *gout* to the opprobrious list under consideration. But as we may now be said to possess the means of shortening the paroxysms, by the use of certain acrid narcotics; and as an abstemious life goes far towards lessening the frequency and violence of the recurrence, we may be justified in withdrawing gout from the place it would otherwise occupy. [Note F.]

The diseases of mania and melancholy, asthma, when it depends on emphysema of the lungs, gravel in the kidneys, and the symptoms produced by ascarides in the rectum, [Note G.] furnish other examples of maladies, which manifest themselves in unforeseen paroxysms. Cases, which bear the names of all the above diseases, are undoubtedly relieved, and sometimes even removed by medicine; but it is equally true, that other cases are wholly intractable, both as to their recurrence, their duration, and their susceptibility of much change from medical treatment. And it will come to the recollection of many practitioners, that they have, in the course of their lives, believed themselves to have cured these diseases, when in fact they have only witnessed the spontaneous subsidence of a paroxysm.

The last subdivision of our subject includes what may be called *metastatic* diseases. By this term I wish to express certain morbid affections, which pass by metastasis from one part of the body to another,

for the most part independently of artificial influence. Of this kind are certain *cutaneous* affections, more especially some which are chronic and hereditary. Many persons pass a considerable portion of their lives in alternate annoyance from a disease of the skin, and from its vicarious substitute in some internal organ. Others again are afflicted with hemorrhagic, or purulent *discharges*, which at times disappear, only to be succeeded by equally troublesome affections in a different part. *Gonorrhœa* cannot be prevented from occasional metastasis of inflammation to the testes, and *mumps* are sometimes found to undergo the same transition. But perhaps the most remarkable example of a metastatic disease is found in *acute rheumatism.* This morbid affection often begins to discover itself in a limited and comparatively unimportant part of the system. From thence, in grave cases, it travels by successive migrations from joint to joint, and from limb to limb, till it has visited nearly all the great articulations of the body. It also attacks the organs of sense, and the viscera which are essential to life. During the course of these migrations, the attending physician cannot foretell at any given stage, what part will be next invaded by the disease, neither can he protect any part from being thus invaded; nor can he control the period, during which the disease will reside in any particular part previously to its next metastasis. And in alarming and dangerous cases of this disease, it often happens that the physician can do little more than stand by with his palliatives, in the anxious hope, that the disease will

at length pass by another metastasis, to some less vital, or less important organ.

I forbear to dilate on the structural lesions of different organs, many of which can only be cured by the extirpation of the part in which they reside, thus sacrificing the integrity of the body to the preservation of life; and in which even extirpation cannot avail, when the seat of the disease is in a vital part. I also pass over the pestilential epidemics of plague, yellow fever, malignant dysentery and cholera; diseases about which the medical profession have many differences of opinion, and of which thousands die annually, though hundreds of volumes have been written for their preservation. [Note H.]

It may perhaps appear that the views, which have now been taken of the power of medicine in so large a class of diseases, are gloomy and discouraging, and that an unworthy tribute is paid to the labors of those physicians, who have patiently studied, and ardently acted, for the benefit of humanity. Such views, however, are far from being the object of the present discourse. Were it permitted by the compass of the subject under consideration, it would be a very grateful task to enumerate those maladies of the human frame, over which we have reason to believe that medicine has obtained decisive influence. To a medical audience, it is unnecessary to recall the instances of pain relieved, spasms controlled, inflammations checked, [Note I.] and diseased associations broken up, under limitable diseases, by the agency of the healing art. Were there no other trophy for the medical profession to boast, it is

sufficient to know, that the diseases of small pox and syphilis alone would have entailed misery and extermination on a large portion of our species, had not medical science discovered the prevention of the one, and the successful management of the other.

But that the usefulness of our profession may extend, our knowledge must go on to increase; and the foundation of all knowledge is truth. For truth then, we must earnestly seek, even when its developements do not flatter our professional pride, nor attest the infallibility of our art. To discover truth in science, is often extremely difficult; in no science is it more difficult than in medicine. Independently of the common defects of medical evidence, our self-interest, our self-esteem, and sometimes even our feelings of humanity, may be arrayed against the truth. It is difficult to view the operations of nature, divested of the interferences of art, so much do our habits and partialities incline us to neglect the former, and to exaggerate the importance of the latter. The mass of medical testimony is always on the side of art. Medical books are prompt to point out the cure of diseases. Medical schools find it incumbent on them to teach the cure of diseases. The young student goes forth into the world, believing that if he does not cure diseases, it is his own fault. Yet when a score or two of years have passed over his head, he will come at length to the conviction, that some diseases are controlled by nature alone. He will often pause at the end of a long and anxious attendance, and ask himself, how far the result of the case is different from what it would

have been under less officious treatment, than that which he has pursued; how many in the accumulated array of remedies, which have supplanted each other in the patient's chamber, have actually been instrumental in doing him any good. He will also ask himself, whether, in the course of his life, he has not had occasion to change his opinion, perhaps more than once, in regard to the management of the disease in question, and whether he does not, even now, feel the want of additional light?

Medicine has been rightly called a conjectural art, because in many of its deductions, and especially in those which relate to the cure of diseases, positive evidence is denied to us. We are seldom justified in concluding that our remedies have promoted the cure of a disease, until we know, that cases exactly similar in time, place, and circumstances, have failed to do equally well under the omission of those remedies; and such cases moreover must exist in sufficient numbers to justify the admission of a general law, on their basis. Nothing can be more illogical, than to draw our general conclusions, as we are sometimes too apt to do, from the results of insulated and remarkable cases; for such cases may be found in support of any extravagance in medicine; and if there is any point in which the vulgar differ from the judicious part of the profession, it is in drawing premature and sweeping conclusions, from scanty premises of this kind. Moreover, it is in many cases not less illogical to attribute the removal of diseases, or even of their troublesome symptoms, to the means which

have been most recently employed. It is a common error to infer that things which are consecutive in the order of time, have necessarily the relation of cause and effect. It often happens that the last remedy used, bears off the credit of having removed an obstruction, or cured a disease, whereas in fact the result may have been owing to the first remedy employed, or to the joint effect of all the remedies, or to the act of nature uninfluenced by any of the remedies. We see this remarkably exemplified in recoveries from amenorrhœa, and from various irregularities of the alimentary canal.

An inherent difficulty, which every medical man finds to stand in the way of an unbiassed and satisfactory judgment, is the heavy responsibility which rests upon the issue of his cases. When a friend, or valuable patient, is committed to our charge, we cannot stand by, as curious spectators, to study the natural history of his disease. We feel that we are called on to attempt his rescue by vigorous means, so that at least the fault of omission shall not lie upon our charge. We proceed to put in practice those measures, which on the whole have appeared to us to do most good; and if these fail us, we resort to other measures, which we have read of, or heard of. And at the end of our attendance we may be left in uncertainty, whether the duration of sickness has been shortened, or lengthened, by our practice, and whether the patient is really indebted to us for good or evil. In the study of experimental philosophy, we rarely admit a conclusion to be true, until its opposite has been proved to be untrue.

But in medicine we are often obliged to be content to accept as evidence the results of cases, which have been finished under treatment, because we have not the opportunity to know how far these results would have been different, had the cases been left to themselves. And it too frequently happens, that medical books do not relieve our difficulties on this score, for a great deal of our practical literature consists in reports of interesting, extraordinary, and successful results, published by men who have a doctrine to establish, or a reputation to build. 'Few authors,' says Andral, 'have published all the cases they have observed, and the greater part have only taken the trouble to present to us those facts which favor their own views.'* A prevailing error among writers on therapeutics, proceeds from their professional, or personal, reluctance to admit that the healing art, as practised by them, is not, or may not be, all sufficient, in all cases; so that on this subject they suffer themselves, as well as their readers, to be deceived. Hence we have no disease, however intractable or fatal, for which the press has not poured forth its asserted remedies. Even of late, we have seen unfailing cures of cholera successively announced in almost every city, in which that pestilence unchecked has completed its work of devastation!

It is only when, in connexion with these flattering exhibitions, we have a full and faithful report of the

* Bien peu d' auteurs ont publié tous les cas qu' ils ont observés, et la plupart ne se sont empressés de nous transmettre que les faits que caressaient leurs idées.—*Clinique* III. 618.

failures of medical practice, in similar, and in common cases, setting forth not only the truth, but the whole truth, that we have a basis sufficiently broad to erect a superstructure in therapeutics, on which dependence may be placed. Such, it must give the friends of science gratification to observe, is a part of the rigid method, which characterises the best examples of the modern French school; and such, it is not difficult to foresee, must ultimately be the only species of evidence on this subject, to which the medical profession will pay deference.

It appears to me to be one of the most important desiderata in practical medicine, to ascertain, in regard to each doubtful disease, how far its cases are really self-limited, and how far they are controllable by any treatment. This question can be satisfactorily settled only by instituting, in a large number of cases, which are well identified and nearly similar, a fair experimental comparison of the different active and the expectant modes of practice, with their varieties in regard to time, order and degree. This experiment is vast, considering the number of combinations which it must involve; and even much more extensive than a corresponding series of pathological observations; yet every honest and intelligent observer may contribute to it his mite. Opportunities for such observations, and especially for monographs of diseases, are found in the practice of most physicians, yet hospitals and other public charities afford the most appropriate field for instituting them upon a large scale. The aggregate of results, successful and unsuccessful, circumstan-

tially and impartially reported by competent observers, will give us a near approximation to truth, in regard to the diseases of the time and place, in which the experiments are instituted. The *numerical* method employed by Louis in his extensive pathological researches, and now adopted by his most distinguished cotemporaries in France, affords the means of as near an approach to certainty on this head, as the subject itself admits. And I may add, that no previous medical inquirer has apparently submitted to the profession any species of evidence so broad in its foundations, and so convincing in its results, as that which characterises the great works of this author on Phthisis and Typhoid fever.

In regard to acknowledged self-limited diseases, the question will naturally arise, whether the practitioner is called on to do nothing for the benefit of his patient; whether he shall fold his hands, and look passively on the progress of a disease, which he cannot interrupt. To this I would answer,—by no means. The opportunities of doing good may be as great in these diseases as in any others; for, in treating every disease, there is a right method, and a wrong. In the first place, we may save the patient from much harm, not only by forbearing ourselves to afflict him with unnecessary practice, but also by preventing the ill-judged activity of others. For the same reason that we would not suffer him to be shaken in his bed, when rest was considered necessary to him, we should not allow him to be tormented with useless and annoying applications, in a disease of settled destiny. It should be re-

membered that all cases are susceptible of errors of commission, as well as of omission, and that by an excessive application of the means of art, we may frustrate the intentions of nature, when they are salutary, or embitter the approach of death when it is inevitable. What practitioner, I would ask, ever rendered a greater service to mankind, than Ambrose Paré, and his subsequent coadjutors, who introduced into modern surgery the art of healing by the first intention? These men with vast difficulty succeeded in convincing the profession, that instead of the old method of treating incised wounds by keeping them open with forcible and painful applications, it was better simply to place the parts securely in their natural situation, and then to let them alone.—In the second place, we may do much good by a palliative, and preventive course, by alleviating pain, procuring sleep, guarding the diet, regulating the alimentary canal,—in fine, by obviating such sufferings as admit of mitigation, and preventing, or removing the causes of others, which are incidental, but not necessary to the state of disease. In doing this, we must distinguish between the disease itself, and the accidents of the disease, for the latter often admit of relief, when the former do not. We should also inquire whether the original cause of the disease, or any accessory cause, is still operating, and if so, whether it can in any measure be prevented or removed: as, for example, when it exists in the habits of life of the patient, in the local atmosphere, or in the presence of any other deleterious agent. [Note K.] Lastly, by a just progno-

sis, founded on a correct view of the case, we may sustain the patient and his friends during the inevitable course of the disease; and may save them from the pangs of disappointed hope on the one side, or of unnecessary despondency on the other.

It will be seen that, in the foregoing remarks, a low estimate has been placed on the resources of art, when compared with those of nature. But I may be excused for doing this in the presence of an audience of educated men, and the members of a society, whose motto is *Naturâ duce*. The longer and the more philosophically we contemplate this subject, the more obvious it will appear, that the physician is but the minister and servant of nature; that in cases like those which have been engaging our consideration, we can do little more than follow in the train of disease, and endeavor to aid nature in her salutary intentions, or to remove obstacles out of her path. How little, indeed, could we accomplish without her aid! It has been wisely observed by Sir Gilbert Blane, that 'the benefit derivable to mankind at large, from artificial remedies, is so limited, that if a spontaneous principle of restoration had not existed, the human species would long ago have been extinct.' *

But if we can accomplish comparatively little in the actual direction of disease, the necessity becomes more imperative that we should do that little wisely, and well. The importance and usefulness of the medical profession, instead of being dimin-

* Medical Logic, p. 49.

ished, will always be elevated, exactly in proportion as it understands itself, weighs justly its own powers, and professes simply what it can accomplish. It is no derogation from the importance of our art, that we cannot always control the events of life and death, or even of health and sickness. The incompetency which we feel in this respect, is shared by almost every man upon whom the great responsibilities of society are devolved. The statesman cannot control the destinies of nations, nor the military commander the event of battles. The most eloquent pleader may fail to convince the judgment of his hearers, and the most skilful pilot may not be able to weather the storm. Yet it is not the less necessary, that responsible men should study deeply and understandingly the science of their respective vocations. It is not the less important, for the sake of those whose safety is, and always will be, committed to their charge, that they should look with unbiassed judgment upon the necessary results of inevitable causes. And while an earnest and inquiring solicitude should always be kept alive, in regard to the improvement of professional knowledge; it should never be forgotten, that knowledge has for its only just and lasting foundation, a rigid, impartial, and inflexible requisition of the truth.

NOTES.

NOTE A.

The difficulty of discriminating between the symptoms of disease, and the effects of treatment, has undoubtedly led to much erroneous practice, so that we cannot be too careful or vigilant, in watching the consequences of our own remedies. For a long time, the effects resulting from an excessive use of mercury, were mistaken for the phenomena of syphilis. The arterial reaction, described by Marshall Hall, which sometimes follows excessive blood-letting, has been confounded with the arterial action of disease requiring farther depletion. Constitutional irritation, produced or kept up by an inordinate use of vesicatories and other counter-stimulants, has been made a reason for the farther continuance of those applications. Much acute and unnecessary suffering has been caused by the prolonged application of sinapisms to the tender skins of infants, and the limbs of dying patients. The pains of hunger, resulting from a too restricted diet, are most keenly felt by convalescents from sickness; yet we sometimes see the cries of infants, arising from this cause, mistaken for signs of disease, and met by the practitioner with medicines, and farther restrictions. I do not speak of these things as common occurrences, yet they have been sufficiently so, to render it obvious, that circumspection on the part of the practitioner is necessary to avoid them.

NOTE B.

The vaccine vesicle might, if it were desired, be extirpated by the knife or caustic, although if the vesicle be sufficiently developed to excite notice, the surgical remedy would be at least as bad as the disease. In regard to medical remedies, I have had occasion to observe their inefficiency in cases where inflammatory diseases requiring treatment, have occurred during the progress of cow pox. The depletive remedies employed for the former diseases did not affect the progress of the vaccine vesicle. When this vesicle is slow and diminutive, it is commonly owing to the co-existence of some other cutaneous affection.

In regard to mercurial salivation, although the treatment proposed by Dr. Pearson and others, may have been reiterated in many volumes, yet I believe that most practitioners of experience find themselves obliged to rely upon time and palliatives, aided by the withdrawal of the cause.

NOTE C.

The modern introduction of the non-mercurial treatment in syphilis, might almost lead us to consider this malady also, as among the self-limited diseases. Although syphilis, as it existed in the days of Mr. Hunter, appears to have yielded to mercury alone, so that this eminent author regarded it as one of the distinguishing traits of the disease, that it had no tendency to spontaneous recovery; yet the experience of the last twenty years has shown that syphilis, as it now exists in all its prominent varieties, has been cured in some thousands of cases, by a treatment in which no mercury in any shape is employed. Nevertheless, the treatment by the anti-phlogistic

method, which has been substituted, requires, in order to be successful, more or less depletion, abstinence and positive rest, conjoined occasionally with other remedies. So that the disease still undergoes efficient treatment; and indeed, when it is wholly neglected, as it sometimes is by the abject and the reckless, it results in the most deplorable consequences, of which our hospitals and alms-houses furnish sufficient and frequent examples.

NOTE D.

Corvisart died of a disease of the heart; Laennec and Armstrong of pulmonary consumption. Other examples may be found of persons who were writers on the diseases of which they afterwards died.

NOTE E.

Ulceration in the tonsils and palate is the most common lesion in Scarlatina, but the other morbid appearances discovered in autopsies of cases of this disease are exceedingly various and uncertain. Among those which I have observed, or which have been noticed by my medical friends in this city, are ulcerations in the larynx, and inflammation of the mucous membrane of the trachea and bronchiæ. In one case of thirty-six hours duration, the chief morbid appearance, in addition to the ulcerated throat, was an extensive peritonitis with effusion of coagulating lymph, lining most of the abdominal cavity. Serous effusions in and upon the brain have been occasionally noticed, but most frequently in the secondary forms of the disease. In the child of an eminent physician in this city, whose case and autopsy I witnessed, there was slight ulceration of the tonsils, but no lesion of any important viscus could be de-

tected, though diligently sought for by our best pathological anatomists. Two similar cases have been stated to me, and I find them also noticed by some writers on the disease. In these cases the poison of the disease seems to destroy life without exciting inflammatory action.

Family predisposition appears to influence the tendency to mortality in Scarlatina. In some cases the children of a family all die in rapid succession. A predisposition to take the disease seems also affected by the same cause, so that it sometimes operates during the same season upon members of the same family residing in different places, without personal intercourse.

The latent period between the inception and developement of this disease appears subject to great variation. I knew a patient to be taken with scarlet fever in forty-eight hours after arriving in this country by a passage of forty days from Europe. In this instance, as no case existed in the ship, the latent period must have been less than two days, or more than forty.

Scarlatina and some other eruptive fevers reciprocally affect the developement of each other. During the prevalence of measles and scarlet fever in this city in the winter and spring of 1832, a considerable number of cases occurred, in which the two diseases, each preserving its own distinctive character, were successively passed through by patients, without quitting their beds, yet the diseases were in no wise blended, or intermixed. In the family of a lady residing in Tremont place, five individuals had scarlet fever, and three of them measles, nearly at the same time. The circumstances are interesting. One child had measles first, the disappearance of which was immediately followed by scarlatina ; both diseases proved mild, and were completed in about twenty days. Another child had

severe Scarlatina with a bad throat, the ulcers of which were not healed before the sixteenth day. After this the patient remained stationary, with a quick pulse and without return of appetite or strength for several days more, when the eruption of measles appeared under the cuticle which was desquamating from Scarlatina, and passed through its regular course. A third child in the same family was affected in a more singular manner. The eruption of measles appeared first, with slight catarrhal symptoms, and continued one day. It then vanished, and was in two days succeeded by scarlet fever. This lasted about a week, and when the patient was expected to get well, the crimson eruption of measles reappeared, and lasted three days more. In these cases the two diseases, though probably coexisting in the body at the same time, and in the last case decidedly so, were never extant at once in an active or characteristic form. There was no reason to suppose that the intensity of either disease was diminished, or aggravated, by the presence of the other.

Scarlet fever exists in some cases where its presence is not suspected, as the following cases, selected from a number of similar ones, may show. A child, previously well, was taken in fits at night, and died on the following morning. As the disease was not epidemic at the time, the nature of the complaint was not suspected till a few hours before death, when another child coming out with the eruption, this circumstance led me to an examination of the throat of the first, which was found ulcerated. In another case, a child was affected with a very troublesome rheumatic stiff neck. On inquiry it was ascertained that a scarlet efflorescence had existed on the preceding week, of which the rheumatism was doubtless a sequel, though the nature of the eruption had not been apprehended.

The sequelæ or secondary effects of scarlet fever are extremely various. Rheumatic affections are among the most common. Dropsical effusions are frequent, both in the cellular texture and in large cavities. Anasarca and ascites are not of uncommon occurrence. I have seen hydrocele, which disappeared spontaneously in a few weeks, and hydrocephalus which proved fatal. Troublesome indurations of the parotid and submaxillary glands often occur, and may, or may not, be followed by suppuration. A fatal induration of the whole anterior neck is sometimes met with. This I have seen both in the primary and secondary disease. A purulent or sanious discharge from the ears occasionally follows scarlet fever, and sometimes continues long enough to destroy the organic texture, and with it the sense of hearing, in one or both ears. Erysipelas and roseola are among the other appearances which I have seen to supervene upon this uncertain disease. Fortunately, however, the largest portion of cases are attended with no sequelæ, or with such as disappear spontaneously in their own time, without permanent injury to the patient.

NOTE F.

We have sufficient evidence that many cases of gout, both in this country and Europe, have had their paroxysms abridged by the use of colchicum, and different species of veratrum. Some individuals are fortunate enough to obtain this effect under a moderate dose, which only affects the bowels. But in most persons it is necessary to take enough of the medicine to produce vomiting and temporary prostration, before the desired result can be obtained. This effect is sometimes so severe that many patients prefer the disease to the remedy, and in fact the

practice is hardly warranted in the case of very feeble or aged persons.

Three cases have occurred to me in which gout has disappeared altogether under an entire abstinence from spirituous and fermented liquids. In one of these it is now thirteen years since a paroxysm occurred, and in another seven years, the individuals both enjoying good health, and leading active lives. The third case was that of a gentleman of this city, lately deceased at 76 years of age, who had suffered more than twenty years with gout, and was reduced to use crutches. After commencing a course of entire abstinence, the paroxysms began to abate in violence, and for the last seven years of his life he assured me he had not felt the sensation of gout. In his last illness a slight chiragra occurred after taking a dose of tincture of rhubarb. Some other cases are now in the progress of trial, with apparent alleviation of the disease. I have been told by others that this plan of treatment has in some instances failed to be followed by relief, and very probably this may be true; but such instances have not yet come under my personal observation, where the experiment has been fairly made.

NOTE G.

The natural history of the small ascarides is curious, and not well understood. Many individuals are infested with them in childhood, but get rid of them as they advance in years. Some, however, are troubled with them during the whole of a long life, though they are represented as less annoying after middle age, than before. They most commonly appear periodically, both in children and adults, after intervals of from three to six weeks. During the intervals they are neither

felt, nor seen in the discharges. Their periodical return is announced by a sense of itching and burning at the extremity of the rectum, felt principally in the evening, sometimes producing tumefaction, and eruption of the neighboring skin. This irritation continues to recur every evening for perhaps a week, or more, and then ceases. During this time the worms are discharged alive and active in every alvine evacuation. Cathartics and enemata bring away vast numbers of them, but without diminishing the annoyance occasioned by those which remain behind. At length they spontaneously cease to appear, the irritation subsides, cathartics no longer bring them to light, and the inexperienced practitioner flatters himself that the evil is remedied. Nevertheless, after a few weeks, they again return in undiminished numbers, attended by the same phenomena as before. Whether the new race are cotemporaries of the old, or descendants from them, it is not easy to tell.

It is commonly believed that the principal residence of ascarides is in the rectum, because they are most felt there. They have been found however, in every part of the alimentary tube. Many patients, immediately after a cessation of the annoyance in the rectum, are visited by pain in the epigastrium, attended with costiveness and clay-colored discharges. This state continues for two or three days, and is then followed by a bilious diarrhea. I have repeatedly known these consecutive events to occur with great regularity for half a dozen years, so much so that my inquiries are generally directed towards this cause, when children have complained of epigastric pains at regular periods. Whether, in these cases, the worms ascend to the duodenum and mouth of the biliary duct, or whether the whole is an affair of sympathy, future autopsies may perhaps determine.

The nidus of these animals, and perhaps the food also, appears to be the mucus which lines the alimentary canal. Buried in this substance, they resist the effect of the most violent cathartics and vermifuges, oil of turpentine and croton not excepted. If it be permitted to derive an hypothesis from the phenomena which they exhibit, it would be, that during a greater part of the time, they remain quietly imbedded in this mucus, deriving from it their habitation and nourishment, being at the same time secured from the effects of the peristaltic motion; but that at certain periods, perhaps at their generating seasons, they issue forth from this covert, and mingle themselves in the contents of the alimentary canal; in consequence of which they are liable to be expelled with the common mass.

I have known ascarides to be eradicated by a severe dysentery. In some cases they have been totally removed by large injections of oil, particularly of lamp oil. But more frequently they resist these and most other remedies for a series of years. A temporary palliative may always be found in small injections of weak salt water, or even of an ounce or two of cold water.

NOTE H.

I would by no means undervalue the exertions, which have been made, and are still making by indefatigable and distinguished men, for the control of what are called pestilential epidemics. I would only be understood to state that no one method of treatment, in the diseases enumerated, appears to have acquired sufficient credit with the profession generally, to be turned in their hands to any great practical account. The records of medical literature show, that a period of ten years has seldom

elapsed, without the annunciation of some effectual mode of practice, in some one of these diseases. And what is more, the amount of evidence with which these statements are supported, and the pathological skill with which the indications are explained, seem sometimes sufficient to shake the incredulity of the most sceptical. Nevertheless, after a certain term of years the diseases are found to be fatal as before, and fresh innovations in practice take the place of the old, and excite confidence anew, among the sanguine and ardent members of the profession. The truth is, that no epidemic is equally malignant in all seasons and places; and from some unknown cause, the laws which affect its tendency to death or recovery, are essentially different in different climates at the same period, or in the same climate at different periods. This fact must be known to those who have personal experience in regard to these diseases, or who are conversant in their epidemic history. Reliance, therefore, cannot be justly accorded to any mode of treatment which has not had the testimony of a large number of years in its favor, and this also under a proper variety of situations, and circumstances. Were it otherwise, these diseases, in the hands of the medical profession, would long ago have ceased to be pestilences.

NOTE I.

I am aware that some of the most distinguished French pathologists of the present day incline to the opinion that many acute diseases, or at least inflammations, are incapable of being shortened in their duration, by art. [See marginal note, page 332.] The opposite opinion prevails very generally in this country and in England, and it would be premature to consider the question as decided, until it has been submitted

more extensively to the test of comparative numerical results. It is certain that the most distressing symptoms of acute inflammations are often arrested at once by remedies. This happens, for example, from blood-letting in croup and pleurisy, and from opium in strangury and dysentery. If, however, the disease is fully established before the application of remedies, it usually goes on to complete its course, and in that case the remedies are palliatives only. And if remedies be applied in the incipient stage, an uncertainty hangs over our diagnosis, for the supposed pleurisy may have been rheumatism, and the supposed croup may have been catarrh, or laryngismus of Dr. Good; for even the physical signs require a certain maturity of developement in disease, to render them satisfactory. Leaving then, as undecided, the question of positive duration in acute inflammations, we do not risk much in asserting that their character is often essentially modified by treatment, so that they are more easily supported by the patient, and the apparent danger attending them, diminished. We must wait for the modern spirit of *accurate* inquiry to furnish a further light on this subject.

NOTE K.

As examples, it may be stated that the salivation produced by mercury gets well of itself, provided the original cause is discontinued. An issue made by caustic or otherwise, gets well after the original cause has ceased to operate; but if an accessory cause is present, such as the pressure of an irritating foreign substance, it then fails to heal. The local atmosphere may be considered as an original, or an accessory cause, in those diseases which are benefited by change of climate or situation. A long train of diseases might be mentioned, which

are brought on, or kept up, by injurious habits of life, and are relieved or cured, not by medicines, but by a removal of the habit, under which they have been, or continue to be, induced. Such are the diseases which attend on sedentary life, intemperate indulgences, lactation, insalubrity of diet, &c. Sometimes a disease, the cause of which is not removed, may disappear in consequence of a new habit, by which the system becomes capable of bearing with impunity the influence of this cause; as in sea-sickness.

ARTICLE X.

ON IRRITATION OF THE NERVES.

BY ANDREW NICHOLS, M. M. S. S.

[Delivered before the Society, May 25, 1836.]

Fellows of the Massachusetts Medical Society:

The time, the place, the occasion, are full of interesting associations. Once more we have met here, to embrace old friends, to congratulate one another on the flourishing condition of our Society, and the advancement of the healing art; to cherish the memory of the worth and excellence of deceased associates; and to carry forward, as we may, the great work to which our lives are devoted,—that of soothing the sorrows, relieving the pains, healing the diseases, and otherwise ameliorating the condition of man. Inclination would induce us to call up the images of those worthies, the founders of this Society,—our fathers in medicine, the venerated instructers, counsellors and benefactors of their younger coadjutors in the medical profession. We would bestow a passing tribute of respect on the characters of those fellows of this Society,—Hart, Spooner, Thurber, Macomber, Snow,

Stevenson, Robbins, who, since our last annual meeting, have ceased from their labors, but whose works and example must continue to influence, for a long time yet to come, the practice of medicine and the character of its professors.* We might, perhaps, profitably spend the hour allotted to this discourse, on the biography of Dr. J. Hart, of South Reading, who has recently closed a long and eventful life of usefulness, and lies entombed midst the scenes of his professional achievements, lamented by a numerous circle, to many of whom in their distresses he had proved a benefactor and friend. But I am not qualified for the task. I can only bear a cheerful testimony to his ability and urbanity, as medical counsellor, in which capacity it has been my good fortune to have enjoyed a few hours of instructive intercourse with him. [Note A.] We would again call up the images of the dead—the venerated dead, whom we have seen occupying these seats, and taking the most active part in the proceedings of this association. But it cannot be. They have passed away, and we, with surprise, find ourselves in their places, and called to the performance of duties which they so well discharged, and for which we feel so ill prepared. But the cause in which we are enlisted is worthy of our best

* The following Fellows of the Society are known to the author to have died since the last annual meeting:

Dr. John Hart,	Æt.	84,	South Reading.
Wm. Spooner, M. D.	"	76,	Boston.
Daniel Thurber, M. D.	"	70,	Mendon.
Dr. Charles Macomber,	"	55,	Marshfield.
Caleb H. Snow, M. D.	"	39,	Boston.
J. Greely Stevenson, M. D.	"	36,	"
Chandler Robbins, M. D.	"	35,	"

efforts, and no one should feel at liberty to withhold the contribution of his mite towards the improvement of medical science. Called upon daily to observe and study facts, which tend to elucidate the phenomena of life, health and disease, it were strange indeed if the humblest intellect here had not treasured up some ideas worthy of the attention of far more gifted minds.

Encouraged by this consideration, I without apology proceed to execute the task assigned me. If there should prove but little grain, much chaff, and even some noxious seed, in the offering, I rejoice to believe each of my audience able to sift out and save the former, and to prevent the latter from disseminating extensive mischief.

The science of medicine includes the philosophy of man. This may be divided into two branches, anatomy and psychology. By psychology I understand the doctrine of the soul, life, mind,—all those invisible vital energies, whose agency is manifested in the formation, the natural functions, and morbid action of the organs, which compose the human body. An adept in the art of healing must be conversant with the entire nature of man. In tracing the effects of morbid action, on the structure of organs, or on their functions, and in his investigations of disease, the physician should never overlook any of the powers, faculties, feelings, or emotions of his patient; or fail to inquire, what influence these may have had in originating, modifying, or continuing the malady which he is called upon to palliate or cure. Often, cases apparently the most simple will prove incurable,

unless relief be administered to a disquieted mind. Often, a simple wound cannot be healed, till the irritation of a distant organ be soothed to rest. It is difficult for the mind to grasp, at once, all the circumstances and conditions of each and every part of our complicated organization, either in health or disease.

Hence, some distinguished pathologists, looking only at a few prominent points in a case, have formed visionary hypotheses, and jumped at conclusions absurd and erroneous. So obvious is the danger of falling into this error, that others have discarded all theories, and rejected even the legitimate inferences which sound reason draws from admitted facts. Pearson, the author of the concise and good practical essay on the principles of surgery, placed by this Society in the hands of all its Fellows, rejects all metaphysical causes, enumerating among such, "constitution, living principle, and sympathy," declaring that "the existence of MORBIFIC and CURING *faculties* must be demonstrated, before any interpretations founded on their agency, can be admitted." A surgeon doubting the existence of the living principle, a curing faculty, requiring the demonstration of self-evident propositions, exhibits himself under one of the strangest hallucinations imaginable. His practical remarks contradict his theory,—for even he has his theory, at every step. A system of natural philosophy, which should reject the agency of attraction, light and electricity, would be an appropriate counterpart to that system of medical philosophy which attributes little or nothing to the influence of life, spirit, mind, and sympathy on the functions of the several

organs which constitute the human body. But while there is danger of disregarding entirely the agency of invisible powers, it should never be forgotten that the laws which govern these agencies can be investigated only by the aid of material instruments; and that in medicine, as in every other branch of philosophy, the inductive mode of reasoning can alone be relied on.

Starting, then, with these self-evident propositions, there is *spirit*, and there is matter, in the constitution of man; I propose, in this discourse, to analyze some of his diseases, to learn, if possible, what they are, and how they may be cured.

Disease is morbid action, or morbid sensation. Action and sensation are dependent on the nervous system. In proportion, therefore, to the extent and accuracy of our knowledge of the brain, spinal marrow, ganglions, and nerves,—their functions, their relation to the other tissues, and the means of regulating their tone and action, will be our success in practice. In reviewing the discoveries and improvements in medical science during the last thirty years, I think it may be safely asserted, that those which relate to the nervous system, estimated by their utility to mankind, hold a very high, if not the very first rank. And yet how little we know of its functions! How few of its innumerable phenomena we as yet understand! Sir Charles Bell has demonstrated that the same nervous filament does not, as formerly supposed, endow parts with the faculties of feeling, and motion. The nerves are now divided into those of the particular senses, motion, common sensation—and the ganglionic or nerves of organic life. But have

we as yet arrived at the simple elements of the nervous system? A moment's consideration will convince us that we have not. What is the optic nerve? Cases on record prove that the faculty of perceiving colors may be lost, while that of perceiving form remains perfect. Must it not be a compound organ, composed of filaments, which have distinct functions, one or more of which may be paralyzed, without destroying sight? The use of the cerebellum and that portion of the spinal chord which is derived from it, is as yet unknown; unless the theory of the phrenologists should prove true, in which case it may be presumed that some direct connexion between this portion of the nervous system and the genital organs, will yet be demonstrated. Numerous facts concerning sonambulism, double consciousness, and other diseased conditions of the nervous system, which have been collected, but which remain unexplained by any satisfactory theory, show how much there is yet to be learned in this branch of medical philosophy. Here is indeed a field but very partially explored, full of hidden treasures reserved to reward those who, guided by the concentrated rays of light emanating from the researches and discoveries of others, shall industriously search therefor.

I would not forget or undervalue the labors of many eminent men in pathological anatomy. There is much truth and some extravagance in the assertion of Louis, that "morbid anatomy is the only means of giving precision to diagnosis, and accurate direction to our treatment, because it is the only means of coupling symptoms with the states of the organs that oc-

casion them." But is there no danger of mistaking effects for causes? Having discovered lesion in some organ, has he also discovered the cause of this lesion, or the means of cure? The anatomist can only examine cases which have proved fatal. The organic changes pointed out, are often a part of the ravages of death, or its immediate precursors or coadjutors. In connexion with a full view of the preceding symptoms, these discoveries enable us to better comprehend the tendencies and progress of certain symptoms to a fatal issue, and may serve to excite our efforts to remove them, but frequently add nothing to our knowledge of the means of cure.

Andral, having discovered, by post mortem examinations, cerebral congestion in fatal cases of apoplexy, after enumerating the symptoms which indicate hyperemia of the brain, among which are pain and dizziness in the head, dazzling of the eyes, ringing in the ears, momentary aberrations of vision, temporary embarrassments in speech, a sense of formication in the limbs and face, and almost all the usual symptoms of nervous irritability, which, he says, "may be prolonged for several months, nay, continue even for several years,"—candidly admits that the same symptoms usually ascribed to hyperemia, may arise from anemia of the same nervous centres; and that this is not all. "When we have referred the symptoms to hyperemia in one case, and to anemia in another," he asks, "have we come to the bottom of the matter?" and he answers, "by no means; for this hyperemia and this anemia are themselves but effects, which may be often produced by the same influence. Thus, by

a mental emotion, the skin of the face becomes red in one person, and pale in another." Anemia and hyperemia of the brain, producing the same symptoms! What means this? Can it be that a deficiency of nervous energy, in both cases, is the cause of the symptoms under consideration. In anemia, sufficient material, out of which this energy is manufactured, is wanting; in hyperemia, the machinery, by which this energy is manufactured, is impaired, and the consequence is a deficiency of the same important article in both cases.

Cutaneous diseases, during their progress, are obvious to our senses, yet these are no better understood than others which the eye hath never seen. So when dissection has discovered to us congestion in the lungs, the immediate cause of the death of the subject under examination, does it explain the cause of, or indicate the means of successfully combatting the symptoms which preceded the fatal issue? The experiments of A. P. Wilson Philip show that this condition of the lungs is produced by a division of the eighth pair of nerves. Important inferences, both in regard to the nature of the complaint, and means of cure, are obvious. It is, therefore, after all, to the laws of the nervous system,—to the invisible powers of life, which elude altogether the researches of the mere anatomist, that we must go for an explanation of the lesions and morbid appearances discovered by dissections. [Note B and C.]

We may perhaps as well here as elsewhere advert to some of the phenomena of excitability or irritability, which lies at the foundation of all action, whether

healthy or morbid, in the animal economy. Life is a circle of cause and effect, growth and decay, waste and repair, action and rest,—and health is the result of the maintenance of a due balance of power between these antagonist energies. The natural excitability of the nervous and nervo-muscular fibre must be continually exhausted by the action of stimulants, or a morbid accumulation is the consequence. Among the natural stimulants, required to produce this salutary balance, is the energy of the will, exciting voluntary motion. Hence, exercise becomes so absolutely necessary to the preservation of health. Another most powerful natural stimulus, which has been generally overlooked, or underrated as a sanatory power, is light, or the direct rays of the sun. One of the most common causes of the loss of health, and the establishment of morbid irritability in the systems of children, females, students and mechanics, is living in the shade. Like plants, growing in similar situations, a large portion of those who do not labor in the sunshine, are feeble, pale and sickly. The *solar bath*, properly used, I am persuaded would more benefit a large portion of our patients than the best selected articles of materia medica.* But I cannot here pursue this digression farther. What I

* It is painful to the philanthropist to witness the misery and wretchedness which a disregard to this law of our nature causes among us. To this must be attributed a large portion of the mortality of children, especially in fashionable circles. Those children who, as soon as they can creep, are allowed to follow the bent of their natural inclination,—to keep out of doors, except in most inclement seasons,—dabbling in water, rolling in the dust, and basking in the sunshine, seldom die either of fever, cholera infantum, or dysentery, notwithstanding they are more frequently than others the inhabitants of malarious domicils.

wish, is, that the tendency of irritability to accumulate, unless regularly exhausted by natural stimulants, should be borne in mind during the discussion that follows. This naturally leads to the solution of the mystery of the sudden metastases and self-limitation of the paroxysms of neuralgic and spasmodic diseases; and throws, as, I trust, will be seen in the sequel, some light on the phenomena of inflammation and fever. Here, did time permit, it would be desirable to briefly notice various other physiological facts and considerations which elucidate the views which I am about to advance. I can only allude to a few of them.

The extremities of nerves are the chief recipients of impressions, be they preservative, curative, or destructive. This fact has been established by a variety of experiments: among the most satisfactory, we may refer to those of Dr. Henry, *Edinburgh Medical and Surgical Journal*, vol. 37, p. 16. "Narcotic substances, such as *oil of tobacco*, opium, &c., applied in their most concentrated form to the brain, the spinal chord, or the larger nervous trunks, destroy the activity of those portions only to which they are applied, and their agency is never continued downwards to continuous trunks and filaments. But the same drugs, applied to the extremities of nerves, destroy the activity of the whole nervous system, and render inirritable the muscles of both voluntary and involuntary motion." "The fibres of the heart are protected by an equally impermeable membrane, both within and without its cavities; yet a narcotic, which, when poured upon the outer membrane, is totally inefficacious, instantly suspends all irritability when it touches

the inner tunic." Why? Because, the inner tunic is made highly sensitive to the stimulus of the blood, and other stimulants, by the termination in it of numerous branches of nerves from the ganglionic system. The outer membrane is not thus supplied. Hence the difference. Hence we infer also the fallacy of one of Dr. Henry's inferences, viz., that "impressions of such poisons are received and transmitted exclusively by the nerves of sensation, which are known to propagate changes only from their extremities, upwards." If this is true of the sentient, why may it not be true also of the motor and ganglionic? The irritation of the extremities of nerves throws the whole body into convulsions. Could this be the case, did not the motor filaments convey impressions upwards? It has been demonstrated by Sir C. Bell that there is a central point in the medulla oblongata, below which all the sentient and motor nerves originate, and above which all the nervous filaments diverge into the convolutions of the brain. On the cerebral extremities, I am inclined to believe, all the impressions conveyed to the mind by four of the senses, and all emotions, sentiments and feelings generated by the mind itself, are made. On the extremities of the spinal nerves, are ordinarily received all external impressions which produce either sensation or motion.

In this place, we advert also, in passing, to what Marshall Hall calls the reflex function of the medulla oblongata and medulla spinalis,—that function, whereby action is transmitted from the part first impressed, to distant parts, supplied with nerves from the same centres. For example, irritation of the

nerves of the nose, causes sneezing; irritation of the larynx, causes coughing; irritation of the pharynx, vomiting, &c.

We must briefly notice, also, what is called the equilibrium of action. This, Burns, of Glasgow, and others, believe to be the action of the living principle diffused in an equable degree over the body, in health. Disease deranges this equilibrium. Action cannot be greatly increased in an organ, without being diminished in some other. This seems to hold true of the different systems of nerves. When the ganglionic nerves are excessively worked by an extra full diet, the intellectual, the sentient and motor systems, are rendered comparatively inactive. On the contrary, a spare or vegetable diet increases the power of the intellect, and the activity of the sentient and motor filaments. Great and long continued muscular exertion, impairs the appetite, and renders languid the sentient and intellectual system.

I have spoken, and shall speak of the ganglionic system as separate, and in some measure independent of the brain and spinal marrow. A. P. Wilson Philip instituted experiments which prove that mechanical and chemical irritation of the cerebrum and medulla spinalis, influence in some degree the action of the heart. From this fact, he inferred that the ganglions "combine and convey nervous influence from every part of these organs." But he seems to have forgotten that ganglionic nerves are coextensive with the vascular system, and that in his experiments he directly irritated their extremities. I shall not, however, undertake to settle the controverted question in

regard to this theory. Admitting that the ganglions do nothing more than combine and convey the influence of every part of the brain and its appendages, this combining and conveying so changes this influence as to fit it to preside over functions entirely different from those which are maintained by cerebral and spinal nerves, and it is altogether immaterial to the present discussion, which theory is correct.

All action, I have said, is dependent on the nerves. I am aware that A. P. W. Philip, and others, consider muscular irritability independent of nervous influence. But what is muscular fibre, separated from nervous tissue? who has seen it? whose experiments are satisfactory on this subject?

As at present informed, the term *nervo-muscular*, as used by Marshall Hall, agrees best with my ideas of what is otherwise called the muscular tissue,—the extremities, perhaps, of the nerves of motion, modified and fitted for the function required. When chemically analyzed, nerve and muscle are found composed of the same elements, differing a very little in the proportion which they bear to each other. And is it absurd to suppose, that living albumen may become living fibrin, and retain all the excitability of its original structure?

In the same manner, the extremities of the ganglionic nerves may be supposed to form or amalgamate with the contractile coats of the arteries, capillaries, veins, &c., endowing these parts with the irritability necessary to the function required of each.

When this theory is viewed in connexion with the numerous physiological facts, which prove action in

every tissue, and in every part, produced, modified, suspended, or destroyed, by causes which act and can act only on and through the nervous system, I feel constrained to adhere to the position just stated,—that *all action, and, of course, all disease, is dependent on that system.*

The investigations, experiments, and facts collected, stated, and commented upon, by those medical authors who have recently written most largely on spinal irritation, hysteria, and other nervous disorders, have thrown much light on the phenomena of disease in general, and will, I believe, when followed out to their legitimate results, lead to successful practice in many complaints which have hitherto been deemed incurable.

To avoid circumlocution, the result of these inquiries is so far anticipated, as to state that diseases may be naturally divided into four classes. [Note D.]

1. Neuralgic, affecting principally the nerves of sensation.

2. Spasmodic, affecting principally the nerves of motion.

3. Inflammatory, febrile, and organic, affecting primarily the ganglionic nerves.

4. Mental, affecting the moral and intellectual portions of the nervous system.

CLASS I.

Diseases of the first class, in their most simple form, consist in disordered sensation. Those upon which I shall offer a few remarks, are characterized by painful sensation, without tumefaction, or organic lesion.

We meet, in practice, a patient who complains of paroxysms of pain in the face, or some other part of the body. It may be excruciating, subjecting the sufferer to the severest tortures for minutes or hours, and then cease, perhaps entirely, leaving only a tenderness, or increased susceptibility to external impressions, to pressure, cold air, or motion of the muscles, either of which may be sufficient to renew the paroxysm with all its violence, at any moment; or, at longer intervals, the paroxysms may return without any assignable cause. In other cases, the severity of the pain may vary, from the most severe, down through all the grades and varieties of morbid sensation, to a trifling uneasiness, continuing most of the time; or to slight twinges of acuter pain which are momentary, and few and far between. In these cases, generally, there will be found, on examination, tenderness at the origin, in the spinal chord, of the nerves which endow with sensation the parts involved in the disease. Frequently, pressure on this portion of the spine will cause, in greater or less degree, the renewal of the paroxysm. This tenderness may also be discovered by passing over the spine a sponge dipped in hot water. If we analyze the complaint under consideration, we shall find it to be pain, and nothing else. Pain, I conceive, always arises either from an increased irritability of the nerves of sensation, whereby mild stimulants, which, in a healthy state of these nerves, produce only pleasurable excitement, become irritants, sufficient to bring on, in some instances, the most intolerable anguish; or, from powerful stimulants, acting on sound nerves. The effect of stimulants, it

seems, on the irritability of the nerves, depends much on the extent and mode of application. The same stimulant, suddenly and largely applied, exhausts the irritability which, by a slow and sparing application, increases it.

Numerous facts support this position. Opium, and other drugs, prove either "stimulant or sedative, according to the degree in which they are applied. The stimulant effect always arising from the less, the sedative from the greater, application of them." It is to the reflex function of the nervous centres that we must look for an explanation of this phenomenon. Moderate irritants cannot be long applied without producing the morbid condition of the nerves under consideration; and hence I infer that long continued pain, in all cases, is essentially *neuralgic*, and consists in the increased irritability of the sentient filaments alone, in whatever combination of morbid symptoms it may be found. This, if I mistake not, is *a most important truth*, never to be lost sight of in our investigation of disease. There may be a vast deal of suffering from simple neuralgia, without material injury to the general health; that is, the vital functions may all go on regularly, and with nearly their natural vigor, notwithstanding neuralgic distress may be a constant attendant for years. For the sentient nerves preside over no function, essential to the continuance of life, or sound organization; and consequently no organic lesion occurs in consequence of any morbid action, which is confined to this portion of the nervous system. So intimate, however, is the connexion between the sentient, motor and ganglionic nerves, that

intense and protracted neuralgia usually induce secondary symptoms, i. e., involves in the disease other functions than the one first affected. The fact that spinal irritation exists in a very large proportion of chronic complaints, organic and functional,—complaints, which differ very essentially from each other in their other symptoms, progress and termination, have caused many eminent physicians among us to be altogether sceptical in regard to the modern doctrine on this subject. But if, as I have stated, all pain be essentially neuralgic,—that, so far as this symptom alone is concerned, the pain of cancer of the face is identical with that of tic douloureux,—this difficulty vanishes. The difference of the two diseases consists in other particulars, the latter being simply morbid action confined to the sentient nerves, the former involving the ganglionic, destroying, or changing to a most unhealthy condition, the functions of secretion and nutrition. We may, therefore, expect to find a similar tenderness at the origin of the painful nerves, in both cases ; and, consequently, the means of cure in the one case may afford the greatest relief in the other. Much has been written on the subject of mimoses,—functional complaints, which imitate very closely organic diseases, in many of their symptoms, that is, as I understand it, just so far as organic diseases produce or are complicated with the same morbid condition of the sentient nerves, as in other cases exists alone. Some, also, object to the correctness of the doctrine of spinal irritation, because the local remedies, usually recommended, and which often prove efficacious, as often fail to cure, even where tenderness at

the origin of the diseased nerves is most decidedly manifested. But let it be remembered, spinal tenderness and neuralgic disease are often caused by irritating impressions on the extremities of distant nerves, which continue to act, while we are attempting to counteract them: we are endeavoring to exhaust a stream, which is constantly refilled from an unfailing fountain. I would say, with Mr. Brodie, "You must, in each individual case that comes before you, study the disease pathologically." I would add, study your patient also anatomically and psychologically,—search with the eyes of a medical philosopher,—the body and the soul, the thoughts and the habits, the passions and the temperament, or you may fail to find the primary irritation, on the removal of which, success depends. It is also sometimes said, that irritation or tenderness of the spinal chord, if it did exist, could not be discovered by pressure, because the vertebræ are so fixed that pressure on them could not possibly compress the chord. Hence, it is inferred, there must be some fallacy in the experiment; but the doctrine is not that the spinal chord is compressed, but that the portion which is diseased, conveys to the nerves proceeding from it, its own sensitiveness, and the covering of the vertebræ being supplied with nerves therefrom, these nerves, the shortest conductors of impressions to their centres, by their own condition, indicate that of their origin. That spinal irritation has been too generally understood to be a local complaint, even by some able writers on the subject, we need not take time to prove. In Johnson's review of Dr. and Mr. Griffin's "Observations on the func-

tional affections of the spinal chord," &c., after commending this work, it is said, "they may have seen, or rather fancied spinal irritation where it did not exist, or where it only formed a part of general nervous irritability, especially in females." Now I believe that spinal irritation cannot long exist without affecting, or at least becoming connected with the affection of the nervous system, so extensively as to become a constitutional disease; and that, vice versa, general nervous irritability will most commonly be manifested by tenderness about the great nervous centres; and that it very frequently arises from causes which operate on the extremities of nerves distributed over a large portion of the body.

The Griffins state, what every physician in much practice may confirm, that, "if a nervous or hysterical woman hears unfortunate news, if the catamenial flow is interrupted, if the uterine action, in advanced pregnancy, becomes too powerful for the system, we believe there is no part so readily affected as the centre of the dorsal spine;" that out of sixty-nine cases of affection of the cervical and dorsal portion, there was pain in the stomach in fifty-seven. In view of these facts alone, who could call tenderness about the eighth dorsal vertebræ a local complaint? As well might we call those fevers local which produce the greatest lesion in some one important organ. The very fact that nervous irritation becomes manifested in the great nervous centres, would seem to be sufficient to prove its claim to be considered a constitutional disease. When "the head is sick, the whole heart is faint," and the nervous centres are parts too important in

the animal economy, to suffer alone. It is said, also, that tenderness of the spine is not always attended by neuralgic complaints. This proves nothing more than that the integuments covering the spine, like every other portion of the body, from external injury and a variety of other causes, may become slightly diseased, and this may long continue limited to the spot first affected. The careful examiner can find but little difficulty in distinguishing these cases from those which are connected with neuralgia and other functional disturbances, in parts furnished with nerves from the irritated centre. In neuralgic diseases, it is important to distinguish between those of centric and those of eccentric origin. That is, whether the disease which manifests itself in the extremities of the nerves, at the present time, is to be referred to irritability of the nervous centre, or to the continued operation of irritants upon the extremities of other nerves. For example, neuralgia of the face may be centric, originating in the irritation of the cervical portion of the spinal chord; or eccentric, arising from acting irritants, such as a decayed tooth, a spicula of bone within the cranium, acrid matter in the intestines or elsewhere; and the treatment must vary accordingly.

CLASS II.

We pass to notice briefly, diseases of the second class, such as affect the nerves of motion, chiefly, or alone; such are simple convulsions, or spasms, without pain, chorea, epilepsy, &c. That these complaints consist in diseased action of the motor fila-

ments, is too obvious to need argument; and that such violent convulsions can exist without pain, is collateral proof of the correctness of Sir C. Bell's anatomical demonstrations. That this diseased action arises from the increased excitability of these nerves, and is strictly analogous to the increased sensibility of the sentient nerves, seems equally clear to my comprehension. In these diseases, more strikingly than in those of the first class, the excitability becomes exhausted by the violent action set up by the disease itself, and the paroxysm ceases in a longer or shorter time, spontaneously. The irritation of both the motor and sentient filaments composing the same nerve, produces painful spasm or cramp. Diseases of this class are combined, in a great variety of ways, with those affecting other portions of the nervous system. I pass to the consideration of diseases of

CLASS III,

Inflammatory, febrile, and organic. These, it is believed, consist chiefly in the disordered excitability of ganglionic nerves. It is, however, in their mildest form alone, that they can be considered simple affections of these nerves. In all severe cases, the sentient filaments suffer with them. The organs of circulation, secretion, and nutrition, are supplied with nerves from the ganglions. These functions are impaired or destroyed by the class of diseases under consideration. I will endeavor to analyze inflammation. Of this disease, there are, according to Pearson, two essential characters: "1. An augmented velocity and strength of contraction of the arteries. 2. Painful

sensibility of the nerves." "Where these are present," says our author, "inflammation is present; where any one of these characters is wanting, the disease is not inflammation. Heat, redness and tumor, although attended with more frequent contractions of the blood-vessels than are natural, by no means characterize a disease to be truly inflammatory." Augmented velocity and strength of contraction of the arteries.—This must arise, either from increased excitability of the nerves that preside over this function, or from increased stimulus in the blood which circulates through the inflamed part; and this being a portion of the same mass which produces no disturbance elsewhere, the last supposition is inadmissible. "Painful sensibility of the nerves."—This is neuralgia, the same affection of the sentient nerves that constitutes diseases of the first class. This may arise secondarily from the distention of the parts, increased heat, &c., or the cause of inflammation may act directly on the sentient and ganglionic nerves at the same time. [Note E.] The progress and effects of inflammation, also, shed some light on the pathology of the disease. "Inflammation," says the author above quoted, "is never stationary, but when once it is properly formed, is either in progression towards a natural cure, or the destruction of the part, or it proceeds to a termination in some other disease. Its usual termination is either by resolution, suppuration, gangrene, or induration." Here, then, we discover the operation of the same law that governs the irritability of the sentient and motor nerves, viz., it becomes gradually exhausted by the action of the disease it-

self. It is this law that regulates the paroxysms, and limits what are called self-limited diseases. The termination depends chiefly on the degree of excitability which the ganglionic nerves acquire during the progress of the disease. These nerves, I have said, preside over the function of nutrition, consequently, no dilaceration can take place, unless the excitability of some of the extremities of these nerves be exhausted. And this, perhaps, can only be exhausted by excessive action. Hence, if the violence of this action can be kept by appropriate remedies, within bounds consistent with the continuance of life, in every filament, inflammation terminates by resolution. Hence, the most powerful stimulants become deadly sedatives. Hence, a more violent degree of inflammation, terminates either by suppuration or gangrene. And the only difference between these modes of termination, depends on the extent of the parts involved in the total loss of vitality. When this is confined to a small portion of the cellular membrane, abscess is formed. How? What is pus? The function of nutrition is interrupted by inflammation. By this function, the nutrient element is separated from the arterial or capilliary blood, and applied to the living solid which needs repair, to which it adheres by a vital affinity, and becomes a part of the same.

As soon as the irritation of the nerves concerned, is so far reduced as to allow them to resume their natural office, an effort is made to repair the damages sustained by the recently inflamed part. The nutrient principle is separated from the blood: is con-

veyed to the place where it is needed; but it there meets with dead instead of living matter. For the former it has no affinity, it cannot go back; it is poured out between the dead and living in the form of pus. "Pus," says Pearson, "is always formed when the condition of the parts is below inflammation, when the action of the vessels differs very little from that which is healthy." Granulations are always formed in purulent matter. These, and many other facts, support the theory now advanced. The termination of inflammation by gangrene, exhibits exactly the same kind of phenomena, differing only, as I said before, in the extent of parts destroyed by the disease.*

Inflammation of the serous membrane, if it does not terminate by resolution, so far injures the minute vascular machinery by which exhalation and absorption is carried on, as to unfit it for its natural function, and the consequence is, as the diseased action subsides, the nutrient element designed to repair the injury, is poured out, diluted by the exhaled serum, forming those copious effusions which so often terminate suddenly the life of the sufferer.

Inflammation of the mucous membrane, if not so severe as to produce sphacelus, or ulceration, may so change and increase the natural secretion, as to form the artificial membrane, which proves so fatal in

* Among the organs which may be restored by granulation, and even extended far beyond their natural limits, are the ganglionic and sentient nerves themselves. These are abundant in fungus growths and tumors. When, by disease, parts not usually endowed with sensibility, become painful, as is sometimes the case, even with the hair, must it not arise from their becoming fungoid, and the extension into them of these nerves?

croup, &c. In all these cases, precisely the same kind of nervous irritation, manifested by increased vascular action, and painful sensibility, characterizes the diseases. Strong, if not conclusive arguments for the correctness of this theory may also be drawn from the most successful means of relieving or curing inflammation. These either diminish the stimulus applied to the nerves, or lessen the sensibility of the nerves to the effect of stimulants applied.

Another proof of our doctrine may be derived from the fact that inflammation is sympathetically set up in parts having no connexion with those primarily inflamed, except by the nerves through their ganglionic or spinal centres. And that inflammation and abscess may be caused by "violent perturbation of the mind," we have the testimony of Pearson, the sceptical author, above quoted. That inflammation sometimes spreads laterally to parts lying in contact, although there be but a very remote connexion either by nerves or blood-vessels, forms no objection to the views above stated. The morbid heat and acrid secretions of the inflamed part, become direct irritants to adjacent parts. Hence, inflammation of the pleura inflames that portion of the lungs which lies in contact with it.

I must hasten to the consideration of fever. In this, the ganglionic nerves seem to be primarily, and the spinal nerves, both sentient and motor, secondarily affected. The elements of the disease are essentially the same as those of inflammation, more extensively diffused, and affecting, in a greater or less degree, every function of the whole body. Here we find a combination of symptoms, indicating morbid irritabil-

ity in each of the nervous systems. The extensive lesions which occur in fatal cases, and the abscesses which sometimes form in those that terminate favorably, seem to identify the kind of morbid action which constitutes both fever and inflammation. The cause of fever, or that to which the chief agency in producing it is now generally ascribed, viz., malaria, indicates its character. Malaria, the pestilence that walks in darkness, seems to act as other powerful stimulants might act, could they be as extensively applied to the extremities of the same nerves; more or less concentrated, it exhausts or increases irritability accordingly.

Malaria, in some instances, destroys life at once, prostrates the excitability so effectually, that from the cold stage, the state of collapse, there is no recovery. More diluted, it depresses this vital power, for a time, but it again accumulates, reaction takes place, and the usual succession of changes which constitute a well-marked paroxysm of fever follow. The common remark, that a fever which runs high will be of short duration, is founded in truth, and is explained by the law regulating irritability, above stated. But if the subject of fever remain in the malarious atmosphere in which he contracted the disease, the continually renewed irritation may render the paroxysms irregular, and protract the complaint beyond its ordinary limits. Hence is inferred the importance of removing patients, where this is practicable, to a more salubrious location, on the commencement of fever. [Note F.]

I pass to the consideration of rheumatism. This belongs rather to the first class of diseases, but, to

save repetition, I have chosen to speak of it here. With this disease, I have been made personally and very intimately acquainted; to it, I am indebted for what I now esteem a very valuable part of my medical education, and, although I have no desire to repeat again the same lessons, or longer to inhabit the same house, with so harsh a preceptor, I look back upon it with that kind of veneration which the man oft entertains for the stern old *school-master* whom the boy feared and hated.

Here, irritation of the sentient nerves,—spinal irritation, neuralgia,—is the leading symptom. The nerves of motion are often but slightly diseased; the difficulty of motion arises from the dread of pain, rather than from inability to move. There occurs, however, one symptom, not generally mentioned in books, which proves not only that the motor filaments partake, in some degree, of the irritability of the sentient nerves, proceeding from the same centres, but also that the muscles are not the seat of the painful sensations which characterize this complaint. This symptom is a slight involuntary twitching of the muscles, without pain, occurring at intervals, not so constant as subsultus, and very different from the peculiar spasms of malignant cholera.

In acute rheumatism, the ganglionic system of nerves suffer considerably, although irritation in them seldom becomes sufficiently severe to produce lesion. This disease, so far as it affects the ganglionic system, is self-limited, like fevers and inflammation; but the affection of the spinal nerves continues an indefinite length of time. Seated in the medulla spi-

nalis, it seizes on one set of nerves to-day, partially exhausts their irritability, and proceeds to another to-morrow, until perhaps it has again and again affected in succession every part of the sentient system. This, however, is not generally the case. Some portion of the body or some of the important organs are often spared, while the other parts are incessantly harassed by its tortures. Rheumatism has been supposed by some to affect only certain membranes. This I doubt; wherever there are extremities of sentient nerves, there neuralgia and there rheumatism may and does manifest itself. The skin becomes highly irritable. This is evident from the effect of cold or hot air or water. Chills, from the changing temperature of the air in contact with the body, creeping over the back and elsewhere, is often a well-marked symptom. Formication also frequently attends on this complaint. Further to identify rheumatism with nervous irritation, much of the suffering arises from precisely the same sensations as follows pressure on large nerves, when, in common parlance, it is said the limb is or has been asleep; when, in the language of an eminent professor of rhetoric, "torpors tingle in the veins." Every one, who has felt this sensitive numbness, by supposing it continued an indefinite length of time, may form a better idea of the torture from rheumatism, than language can convey to those who never felt it.

In this manner, I might go over the whole catalogue of diseases, and show that the irritability of some portion of the nervous system increased or diminished, is, if not the whole, an element of each,—an element

of sufficient importance to require attention in the treatment of every case which occurs in the practice of physic. I have spoken of irritability and irritation, as if this condition of the nerves were always one and the same thing. This may not be the case. There may be specific differences in the condition of the nerves, as well as in the agents that irritate them. The fact, that certain poisons are incapable of producing the same disease more than once in the same individual, favors this supposition. But, after all, the different symptoms and appearances discoverable by our senses, may be nothing more than the changes of which a few simple elements are capable. Like the few material elements in chemical compositions,—like the fine-colored beads and granules in the kaleidoscope, may be the few elements of morbid action in the constitution of man, which, by their permutations and combinations, produce all the variety of disease. Be this as it may, in civilized society, and the more so, the more society is civilized and refined, it is morbid irritability, in some form or other, that the physician has every where to combat in his daily practice.

I pass to the treatment of diseases,—to consider some of the means of managing, regulating or removing the morbid irritability under consideration. Here, as in pathology, a few leading principles, kept constantly in view, may prove useful guides in practice; the

1st, Indication, is to remove, if possible, the original irritating cause;

2d, To protect the tender diseased nerves, against all other irritating impressions;

3d, To excite a strong counter action or sensation in some portion of the nervous system, which is not principally diseased; and

4th, To diminish the irritability of the diseased parts, by the direct application of sedative medicines.

More than one of these indications is often fulfilled by the same remedy, and several remedies may as often be resorted to, to fulfil a particular indication. My remarks on remedies must be brief and desultory, and confined to such as, in my opinion, have not been, as much as they deserve, known and appreciated. When, therefore, I speak of a certain medicine or operation, affording relief or effecting a cure, I would not be understood to say, that to do this, or exhibit that, is all that good practice requires in any one case; or that these applications are to be generally relied on, to the exclusion of others which have the testimony of the highest authorities, for ages, in their favor.

To fulfil the second indication in painful diseases, is often a most important part of the treatment. To allow the irritability of the nerves to subside, rest, in an easy position, is indispensable. For this purpose, no invention within my knowledge, equals in importance, Arnott's hydrostatic bed; notwithstanding the difficulty often met with, of persuading patients to use it. Because it feels so unlike any thing before used, and because it does not always immediately relieve the pain, many will not give it a fair trial. But, where a patient will persevere until he gets accustomed to its motion and peculiar softness, I have never known an instance of its failure to contribute

to the comfort of a sufferer from neuralgic complaints. I have one most sensitive patient, who has been on a hydrostatic bed more than two years, and who could not now be induced, on any account, to exchange it for another, who, for the first few days, disliked it exceedingly, and, for more than two weeks was occasionally lifted to a feather bed, for relief! My remarks apply only to Arnott's bed, and not to the bag of water which has in some places been substituted for it.

Inflammation may be cured in its forming stage, by diminishing the quantity of blood which proves too stimulating to the irritated ganglionic nerves [Note G]; or it may be successfully treated by nauseating drugs, by cathartics, by cupping, blistering over the origin of the spinal nerves which supply the inflamed part; or it may be arrested at once, by opium, and other narcotics. The most successful method of treating croup, with which I am acquainted, is to administer an emetic of tobacco, antimony, or sub. sulph. hydrarg., to break up and remove the forming membrane, and then to allay the irritation by opium, boldly exhibited; that is, by giving as large a dose as we feel confident the patient will bear, and repeating it at least every hour, until the desired effect, sleepiness and relief, be obtained.

In the first stage of pleuritis, opium, given as above mentioned, has the happiest effect; it subdues at once the morbid irritability, and as soon as the patient is freed from the operation of the medicine, he may be considered convalescent. I wish here, to be distinctly understood, it is only in the forming stage, when the

pleuritic pain has continued but a few hours only, that I would recommend opium ; for no farther does my experience insure success. When inflammation has made certain progress, i. e., when much tumefaction has taken place, when the fluids usually retained in their proper vessels, have either escaped into the cellular membrane, or become, to a certain degree, stagnant in the capillaries, especially when there is evidence that any considerable lesion has taken place, the free use of opium, I have supposed contra-indicated.

Another important resource in the treatment of inflammatory, febrile and neuralgic diseases, is counter-irritation, near the origin of the spinal nerves, which partake most of the diseased action. This may be effected by cupping, blistering, pustulating with tartarized antimony, leeching, or by the application of rubefacients over the spine. [Note H.] In plethoric habits, and in the presence of inflammatory diathesis, scarifying and drawing blood with the cupping-glass, is perhaps the preferable mode of using it; but dry cupping will answer every purpose for which it is usually prescribed. How shall I impress on the minds of this audience the full value of this simple remedy? Cupping, alone, I am confident, skilfully applied, will relieve one third of the medicable pain we meet in our practice. The use I make of this remedy, which in most cases answers all the purposes of counter irritation, without the soreness which follows blistering and pustulation, shall be stated as briefly as possible. No formidable or expensive apparatus is required: a common half-pint tumbler and

a piece of waste paper, is what I most generally use. A patient complains of cold chills, followed by headache, dull pains in the back, limbs, a hot, dry skin, thirst, and a full, frequent pulse.

The paper is set on fire, and dropped, in full blaze, into the tumbler, which is immediately inverted on the back of the neck. If the patient be not too sensitive, another glass may be placed in the same manner, a few inches below the first. Let them remain ten or fifteen minutes, or until the portion within the glass becomes tumified and injected with purple blood. If, by this time, the relief is not obtained, remove them successively to other portions of the epispinal region. This process I have sometimes continued one hour and a half, but generally less time will be sufficient to relieve the pain, reduce the hardness and frequency of the pulse, and often break up the forming disease. Other cases, following up the advantages gained, by the remedies usually prescribed, may be rendered comparatively mild and manageable. In all sudden attacks of lumbago, and other rheumatic affections, similar benefits may be at once obtained by cupping. Coughs, asthma, and angina pectoris may be temporarily, and sometimes permanently relieved by the same means. Cramps in the limbs or stomach, and particularly such as are often so troublesome in the latter months of pregnancy, and during parturition, will yield readily to this treatment. The true pains of parturition even may be much mitigated, and the preliminary and subsequent pains arising from uterine irritation, may often be rendered comparatively trifling by cupping over

the lumbar and sacral portions of the spine. [Note I.] In short, there is no pain, wherever situated, that may not be relieved, temporarily, at least, by cupping on some portion of the back, unless the subject be so excessively irritable as to be unable to bear strong impressions of any kind, without an increase of suffering. When the pain arises from organic disease, or when the irritating cause has not been, or cannot be removed, cupping, like other means of mitigating suffering, must fail to cure. And where other salutary means of relief are within reach, cupping should not be depended on alone. But, in treating all febrile and painful diseases, the physician should never forget that cupping, added to other means used—for it interferes with none, or very few—may often possess sufficient power to turn the scale, in favor of life or health, when, if it be omitted, death or continued suffering would be the consequence. [Note K.]

Strong impressions on the mind, in cases of nervous irritability,—and what cases of disease are not more or less such?—often perform almost miraculous cures. To confirm this position, I need only to refer to the occasional success of the various kinds of quackery, and humbug, so prevalent in the world, and to the efficacy of many of the most correct and philosophical prescriptions, which can only act on the disease through the agency of mental excitation. To qualify himself to operate, if need be, on the mind of his patients, is a part of every physician's professional duty, —a duty by far too much neglected by the regular faculty.

And, lastly, morbid irritability may be excited or controlled by strong impressions on the extremities of the nerves of the alimentary canal, and throughout the whole vascular system, by agents administered internally. Having but little that is new to say on this unlimited subject, I pass it with a few cautionary remarks only. The apothecary's shop and nature's garden, the much vaunted store of botanic medicine, furnish not only salutiferous physic, but deadly drugs also; and much, very much, of the morbid irritability which we meet in practice, originated in those prolific sources of good and evil. Our medical literature is not free from pernicious prescriptions; our newspapers, almanacks, and receipt-books are full of certain cures, which, if correctly interpreted, would mean certain producers of disease; and every man, woman and child feels qualified to prescribe at least some vegetable poison, for the cure of his own complaints, or those of his neighbors. While condemning, in the most unqualified terms, the use of minerals in medicine, pretenders to medical science are too ignorant to know, or too base to acknowledge, that the most deadly drugs with which we are acquainted, are of vegetable origin;—that such even was

> "the fruit
> Of that forbidden tree, whose mortal taste
> Brought death into the world, and all our wo."

The *medical philanthropist*, while he looks with astonishment on the reckless eagerness with which the multitude swallow falsehood, and deleterious drugs, selects with care, and applies with caution, his remedies from the materia medica. He estimates

the danger from the disease, and the danger from medicines, "looks before and after," and weighs, against the value of present relief, the consequences of particular modes of medication, and acts according to the laws of honesty and the dictates of an enlightened judgment, regardless of a rival's sneer, or a quack's malediction. Such, alone, are worthy of fellowship here,—such, alone, can make themselves deservedly loved and honored through life, and give significance to the star which must probably, ere long, be affixed to their names in the catalogue of Fellows of the Massachusetts Medical Society.

NOTES.

NOTE A. (*Page* 360.)

The following biographical sketch of the late Dr. Hart has been kindly prepared at the request of the author, by Dr. J. Spaulding, of South Reading.

Dr. John Hart was born in Ipswich, Mass., October 12, (old style,) A. D. 1751. His father, John Hart, was a lawyer and a noted musician, and died many years since in the place of his nativity. His mother, Mary Hart, on whom devolved the first training of her son, was a woman of great personal charms, good talents, and eminent for piety; and spared no pains to impress on the mind of her son, those traits of character for which he in after life became so distinguished. After having received a good preparatory education for those times, he studied medicine at Ipswich, his native town, with Dr. John Calif, a distinguished physician of that place. At the age of nineteen, he commenced his practice in Georgetown, (now Bath,) Me., and there continued in his profession till the commencement of the revolutionary war. At that time, when many were vacillating in relation to the grievances of the colonies, Dr. Hart, though young, took a decided stand; and as decision of character had been one of the most prominent traits of his youth, the following incident will show how it operated on this occasion. Dr. Calif, who had been his medical preceptor, being timid, and fearful of the issue of the revolutionary enterprise, advised his

young friend, Dr. Hart, not to enter the service, as he would probably lose both his pay and his neck. But this did not frighten him; and he enlisted, against the advice and remonstrances of one whom he respected. After about a year, he returned on furlough, and visited his medical patron, who advised him not to go back to the service, promising to obtain for him a surgeon's place in the British army, where he would be sure both of his pay and his neck. But his young friend was decided, and spurned at the offer, saying, "Sir, I will risk both." After Burgoyne was taken, (and he was there,) he said to his adviser, "Sir, what do you think now?" He first joined the army at Cambridge, in Col. Prescott's regiment, who fought at Bunker Hill. He continued in the army in 1775—6, and in 1776 went to New York; was stationed at Staten Island, and remained there till the enemy took possession of Long Island: then, driven to the Highlands, remained there till Col. Prescott's regiment was disbanded. Then, a regiment was formed under the command of Captain Bailey, called the Second Mass. Regiment, to which Dr. Hart was appointed regimental surgeon, in which capacity he served till the war closed, in 1783. After this, he remained in a regiment, kept in reserve, under the command of Col. Henry Jackson, till July, 1784; having served his country a period of nine years and three months. Having passed through so many laborious scenes of warfare, he returned to Reading, (now South Reading,) in his native State, gladdened with the prospect of his country's peace, to take repose in the bosom of his friends, who thrice welcomed him as a patriot and republican. He, however, was soon earnestly solicited to enter upon the active duties of his profession, where a field, large and broad, opened itself, which would afford ample opportunity for the exercise of that knowledge in the healing art, which had been

accumulating by practical experience during his nine years' service. His practice soon became very extensive, not only in his own town and county, but in the adjacent counties of Essex and Suffolk. He was one of the first, if not the very first practitioner in the county of Middlesex, who made use of mercurial remedies in acute and typhoid febrile cases; and his success was such, by this course of treatment, that the Middlesex Medical Association, formed about 1790, of which he was one of its most prominent members, adopted his manner of treatment from that period. He has often told the writer of this sketch, that he felt sure of the life of his patient, when he had evidence the system had become affected by mercurial action; his reasoning was, that two diseased actions could not exist in the system at the same time, and that, while the artificial diseased action produced by calomel was perfectly manageable, the febrile diseased action might not be. But, whether he reasoned correctly or not, few, if any physicians in New England ever took charge of a greater number of fevers, or treated them with greater success. In all difficult cases of this character, his opinion was relied on as the last resort of human skill. In 1792, when Boston was visited with small-pox, and a general alarm was produced, not only in Boston, but all about in its vicinity, Dr. Hart was called on to take charge of hospitals, erected for the time being, in Reading, Lynn, Boston, and other places, for the purpose of inoculation, (the only remedy then known to stay that awful pestilence,) and his skill and industry were such, that he actually inoculated and carried through some thousands, in the space of a few months, and in a number of the hospitals, without the loss of a patient. Having had great opportunities for the practice of surgery, during the revolutionary struggle, his judgment was considered decisive, and much to be relied on, in

the most perplexing surgical cases; and frequently he was called to operate. In the department of midwifery, he was no less conspicuous, and in the course of his long practice, he probably attended to more than three thousand obstetric cases. Possessing great firmness and resolution, blended with kindness and sympathy, he seemed peculiarly fitted to allay the anxiety, attendant on such occasions; but when necessity required, the most responsible duties, by common consent, devolved upon him.

Dr. Hart was a strict observer of nature, and in viewing diseases, formed a theory of his own; his remedies were few, but active; he relied more on calomel, ipecacuhana, opium, and Peruvian bark, than all other remedies in the materia medica. He was exceedingly careful not to reduce his patients, after a few days' illness, but, on the commencement of disease, attacked the enemy with great boldness. He was a great enemy to depletion, and contended that the abstraction of blood diminished the power of overcoming disease, and he was so sanguine in this sentiment, that for forty years he rarely bled, and for the last twenty-five not once. His aversion to quackery, nostrums, and specifics of all kinds, was almost proverbial, and had a weighty influence with the younger part of the profession, with whom he was often called to consult. There was a dignity and manliness in his character that looked down with disgust on the little, low arts of cunning and hypocrisy, adulation and intrigue. He had no sympathy for such manœuvres, nor complacency in the actors of them. He was open, frank, unconcealed; and seemed incapable of dissembling. Although affable and familiar, he never descended to any thing low and contemptible; and so dignified and commanding were his looks and demeanor, that there were very few if any, but that felt respect for his person, and awe in his presence. As a physician, he

insisted on obedience to his directions, which, in most instances, by the unlimited confidence and attachment of his patients, were obeyed to the letter; but, when they swerved from his advice, and disobeyed his injunctions, (choosing to follow their own reason,) he felt a high sense of the neglect, and would occasionally permit such patients to "*take care of themselves.*" While Dr. Hart was engaged in a full tide of practice, having reared a respectable family, with industry, economy, and good reputation, and hoping, ere long, to enjoy more leisurely the comforts of a domestic life, he was called by the suffrages of his townsmen to represent them in the General Court; in which capacity he served his town eight years. He then sustained the office of senator five years; and, during the time he filled these important stations, his constituents would scarcely release him from the toils of his profession. It may be observed, that he was one of the first who had the moral courage to break up the unadvised custom of *treating* at representative elections. He was a living example of the value of the great temperance principles, as no man enjoyed better health, and few were exposed to more fatigue. He probably, for the last forty years, did not taste a drop of distilled spirits, and declared the same great principles, which, till of late, the community have been so unwilling to acknowledge. He was long a member, and for many years a counsellor of the Massachusetts Medical Society, where he sustained a fair reputation among his compeers; also, an intimate friend and associate of governors Brooks and Eustis, fellow-patriots of the revolution. The Society of Cincinnati recognised him as one of their most active and distinguished members, and he sustained the office of vice-president of the Society at the time of his decease.

Dr. Hart was, for many years, an acting justice of the peace,

and of the quorum, which office he sustained till his death; the cases brought before him were numerous, and his decisions were so judicious, that all parties usually became reconciled to greater bonds of amity. He was also a justice of the Court of Sessions, which office he discharged with respectability. As a politician, he was a consistent, inflexible republican, ever sustaining the "laws and the constitution." He was equally decided in matters of religion, and unshaken by inroads and innovations, whether plausible or dogmatic; and unwavering to the last in the principles of the Puritans. He liberally supported evangelical religion; his means were ample, and his disposition ready to communicate to the temporal and spiritual wants of his fellow-citizens: he gave to many of the benevolent objects of the day, generally requesting to keep back his name. The latter years of his life were much occupied in searching the Scriptures, with personal reference to futurity, which he made a constant and practical concern. He was not only convinced of the entire pollution of human nature, generally, but of his own sinfulness and ruined state, without renewing grace by the Spirit of God; nor were these transient impressions, but an every-day concern, till he seemed melted down into penitence and submission. Those most conversant with him on these soul-interesting considerations, believe that he yielded his heart to God, on whose sovereign grace, through Jesus Christ, he relied for pardon and salvation. It has been the lot of but very few, to enjoy such uninterrupted health at his advanced age, while, at the same time, his mental powers remained strong and vigorous; he was emphatically "a wonder to many," and he was looked upon as the oracle of the town. He had, for several years, sought retirement from his extended practice, and by degrees declined the numerous calls he re-

ceived, except a few, from those whose attachment was so strong, they could not be denied. He was in the habit of daily exercise, and of directing all his secular affairs; and this he continued to do, till within a week of his decease. The day previous to his sickness, he walked a mile, bore it well as usual, except it produced a hurried inspiration, and consequently increased perspiration; and the day being very chilly, he soon felt the effect on his lungs, which in two or three days became a decided case of pneumonia notha, and this, in conjunction with a *disease of the chest*, (hydro thorax,) which had been insidiously at work for a number of months. In this situation his physician first saw him. After a full examination of his case, he suggested that it would probably prove fatal, to which he replied, "Your views correspond with my own; I am fully aware of the danger; this disease of the chest has been coming on for some months, though I have not disclosed it before." Every exertion was made for his relief, but ineffectually; he was under the necessity of sitting in an erect position continually, with a constant admission of the surrounding atmosphere, to keep him from suffocation. During all this time, he manifested the same greatness of soul which had characterized him through life, blended with all that is desirable in the Christian and dignified in the philosopher. He conversed freely about his dissolution, and spent much of his time in devotional exercises, with reference to his departure. At length the solemn moment arrived, and the spirit took its flight. He died April 28, 1836, aged eighty-four and a half years. Thus he, who had so often been made instrumental of averting the shafts of death from his fellow-men, became himself, in his turn, a prey to the same great destroyer.

NOTE B. (*Page* 366.)

"When the eighth pair of nerves are divided, (the experiments were made on rabbits,) below the inferior laryngeal nerve, the lungs are found, after death, distended with a frothy fluid, which fills the bronchia and air-cells, and prevents the lungs collapsing; and they are covered with patches of dark red color, often of great extent, which give the appearance of the vessels being greatly distended with blood, or of blood having escaped into the cellular substance. They appear of a more compact texture than healthy lungs, and sink in water. In short, the fluids of the lungs no longer undergo the proper change, but accumulate in the bronchia, air-cells and blood-vessels."—*A. P. W. Philip, On Vital Functions*, chap. 5, sect. 1.

M. Andral relates a case in the Nouvelle Bibliotheque, remarkable for its anatomical alterations. The patient was a young man, twenty-four years of age, presenting the following symptoms: swollen countenance, œdema of the eyelids and lower extremities; respiration short, confined, and depending so much on the pectoral muscles that the lungs seemed paralyzed; inability to remain in a horizontal position; lips and alæ nasi blue. The stethoscope indicated no disease of the heart; death succeeded suddenly to a fit of dyspnœa. On examination, after death, a portion of the par vagum was found enveloped in tuberculous glands, below which, the nerve was in a state of cartilaginous induration.—*Dublin Journal*, Nov., 1834.

NOTE C. (*Page* 366.)

Since writing the above, the January number of the Medical and Chirurgical Review has been received, a large portion of

which is devoted to reviews of works on the diseases of the nervous system, which abundantly support my views of the comparative importance of this branch of medical philosophy. Of Dr. Marshall, on spinal irritation, Johnson says, "In the years 1815 and 16, our author had ample opportunities for prosecuting pathological researches, in the British military hospitals in France. He then, like many others, thought morbid anatomy was the polar star of medicine, and that it would guide him through all the labyrinths of our intricate science. He accordingly cultivated it, with all the ardor of a young enthusiast, and he had unceasing opportunities of devoting himself to his favorite pursuit. But mark the conclusion to which all his researches at length led him. 'The more assiduously I pursued it, however, the more fully did I become aware of the truth that morbid anatomy, however indispensable to the scientific practice of our profession, never could be to me, or any other physician, the infallible guide I had so fondly hoped to find it. Constantly, (he remarks,) did cases come under my observation, where no lesion or structural disease was found adequate to account for the symptoms during life. And, again, not a few presented themselves where severe lesion and structural disease had actually existed, and no complaint had been made during life, which would have led to the suspicion that such was the case.' Yes, (adds Johnson,) this have we repeatedly urged in this Journal,—morbid structure is the consequence, rather than the cause, of morbid function. Functional disorder long precedes organic disease, and, therefore, symptomatology must be our first and most important study. These, and other observations, led Dr. Marshall to the conclusion, that the nervous system was to be explored."

NOTE D. (*Page* 372.)

It appears reasonable to our authors, (Messrs. Griffin,) and to us, that some advantages may result from the attempt to trace "nervous affections to one or more of the three great nervous centres,—the brain, the spinal marrow, and the ganglionic system. All these systems are subject, independent of one another, to *inflammation*, *irritation*, and the influence of sedative powers. The spinal chord itself consists of portions possessed of several powers and functions ; or, in other words, presents several centres, from whence nervous energy is distributed to the several parts of the body. Thus, four of the senses derive their faculties from the superior portion of the medulla spinalis, including the medulla oblongata. Its anterior part is the source of voluntary motion, and its posterior, of common sensation. Between these is Sir C. Bell's column, which gives out the respiratory system of nerves. These considerations must lead us to question the propriety of attributing all nervous diseases to affections of the brain. There can be no doubt that a large portion of these are attributable to irritation of the spinal nerves, at their origin."—*Medico Chirurgical Review*, January, 1835.

NOTE E. (*Page* 380.)

There is one combination of these symptoms peculiarly distressing. It is, when the medulla spinalis becomes, from concussion, or other injury, the seat of active inflammation. This, so far as it consists in the increased irritability of the ganglionic nerves, goes on as when situated in other parts, producing more or less symptomatic fever, which is manifested by the pulse and other usual symptoms. But, in addition to these, is neuralgia, most excruciating in those parts which are naturally most highly

endowed with sensibility, by nerves proceeding from the inflamed centre. In other cases of inflammation, the neuralgic affection is usually referred to the inflamed part itself. In this, the severest pain is in the extremities, which, instead of exhibiting the usual symptoms of inflammation, are often cold, as well as extremely sensitive to the touch. The same degree of primary inflammation is always painful in proportion to the natural sensibility of the part affected.

NOTE F. (*Page* 384.)

The subject of malaria forms one of the most interesting and instructive chapters in medical literature. Presuming every Fellow of our Society to be acquainted with some of the best writings on this subject, I shall only record in this note a few remarks that may have some claim to originality, if nothing else, to recommend them to the consideration of others. It is generally believed that the great source of this aerial poison is decaying vegetable matter. This is most abundant in swamps and forests; but, notwithstanding this, its most fatal effects are experienced in cities. The inquiry, therefore, naturally arises, What has nature provided to counteract or consume this poison in the most malarious situations? A luxuriant vegetation. Malaria seems to be the food of vegetables; hence may be inferred the sin against nature, which man has committed, and for which he has been so severely punished, in preserving so small a portion of the territory of his cities for trees and gardens, and covering so much of it with buildings and naked streets. But this is not all; Natura Duce, we discover malarious locations filled with mosquitoes, gnats, and other vexatious, irritating insects. I see too many evidences of the infinite wisdom and benevolence of Deity to believe these to have been created for no other pur-

pose than to torment man, and other more innocent animals. Why, then, has the mosquitoe a poisoned bill and a sleep-banishing song? In three ways this impertinent little creature saves the proud lord of this world from the fatal influences of malaria. It drives him from the most malarious districts; it produces an irritation on his skin, which counteracts the internal effects of this poison; and prevents that sound sleep, which favors its insidious and fatal attacks on the powers of life. If this theory be correct, then we may expect to find that the greatest sufferers from malaria are those who take but little exercise, live in the shade by day, and sleep beneath a net of gauze by night. Then we shall understand the rationale of those laws of nature, by which it has been ordained, that, where filth is, there shall be vermin also; and learn the danger of protection from the latter, without putting away the former. We shall also discover how little philosophy and regard to comfort, is discovered in the location, construction, and arrangements of cities, villages, and dwelling-houses generally. These are mostly situated in valleys, on the banks of rivers, canals, ponds or marshes. A ruinous parsimony banishes gardens, trees, and parks from most mercantile and manufacturing towns; and where nature has kindly, on the site of these, formed diluvial hillocks, where salubrious currents of air would have borne health and vivacity to the wiser or more fortunate portion of the inhabitants, these have been removed in the progress of misnamed improvements; cellars, which become the depots of stagnant water, rotting lumber, and decaying vegetables, constructed without regard to the means of ventilation, under every dwelling-house, are so many laboratories of aerial poison, for the destruction of the health of those who live over them, and particularly of such as fear to open a window, or go out of doors, lest they should

take cold, or melt in the sunshine! How frequently may fevers and dysenteries, which affect whole families, beginning, generally, with those who sleep on the lower floor, be traced to the condition of the cellar!

NOTE G. (*Page* 389.)

The generally admitted fact, that bleeding from a large orifice gives decidedly greater relief, than the abstraction of the same quantity of blood by a slow process, shows how much even this remedy depends for its efficacy on the counter shock it gives to the nervous system. The slow abstraction of stimuli allows the irritability of the nerves to accumulate in the same ratio, so that the lesser quantity of the former, operating upon the greater accumulation of the latter, still maintains nearly the same degree of action. This reaction, arising from accumulated irritability, abstracts greatly from the efficacy of blood-letting, and causes it to be of doubtful utility in many inflammatory cases. When the laws of the nervous system shall be better understood, this difficulty may perhaps be obviated.

NOTE H. (*Page* 390.)

Generally speaking, cupping, and other irritating applications are most beneficial, when applied near the origin of the nerves most diseased; but these remedies are not without their use elsewhere. The kind of counter-irritation, as well as the part of the body chosen for its application, must vary in different cases, and different subjects. It has been too generally supposed, that, in neuralgic cases, unless tenderness be discovered over some portion of the spine, counter-irritation there would prove unavailing. This I believe incorrect. Cupping, blistering, &c., over this region, exerts a powerful influence over the irritability

of the whole nervous system, whether spinal irritation be discoverable or not; and, in some instances, where portions of the spine are excessively tender, counter-irritation, applied to the less sensitive portions, have the best effect. Leeches operate both as evacuants and counter-irritants. And it is in the latter capacity, in simple neuralgic affections, that they are chiefly beneficial; relief is often afforded too soon to be attributable to the abstraction of so small a quantity of blood. The modus operandi of leeching, cupping, pustulating and blistering are all curious subjects for speculation, but our chief business is to ascertain results, and not to amuse ourselves with conjectures. If, in neuralgic and inflammatory diseases, the application of either of these remedies, in a large proportion of cases, affords relief, and no essential injury be done where they fail of this desired effect, their value, as modes of medication, is established.

NOTE I. (*Page* 392.)

Having satisfied myself of the value of dry cupping, as a remedy in rheumatic and febrile complaints, I was induced to try it for the relief of such as arise from uterine irritation; and over these, also, I have found it capable of exerting a benign influence. Among savages, and in some instances, among women of more cultivated minds and refined habits, parturition is effected with little or no pain. Pain is not, therefore, naturally or necessarily a part or an accompaniment of parturient efforts; but is owing to the unnaturally increased irritability of the sentient nerves. During utero-gestation this irritability often accumulates, assumes the character of spinal irritation, and gives rise, in succession, to pains in the back, sides, lower extremities and abdominal region (which often simulate closely for weeks or months true labor pains), painful parturition, severe after-pains,

and other neuralgic complaints, which often continue and aggravate the sufferings during subsequent pregnancies, and the sequelæ of the same. Hence, the severity of after-pains in the same individual, often bear some proportion to the number of previous accouchments.

The following cases, although insufficient in number to establish the fact, render probable the utility of cupping in puerperal cases:

Case 1. Mrs. M., the term of utero-gestation completed, was taken with pains that so much resembled parturient efforts, that I waited with her several hours, expecting every moment that she would need assistance; when, on examination, the os uteri was found to be still closed. I cupped over the lumbar portion of the spine, and relieved the pain so much, that I left her. In about ten hours was called again, and found her delivered of a large child, as she said, without having had pains half as bad as those she suffered before the cupping. This patient had spinal irritation, which has continued to afflict her occasionally ever since, it being now nearly two years. This was her second accouchment.

Case. 2. Mrs. B., a young woman, aged nineteen, first accouchment, was, during the progress of labor, severely afflicted with cramp in the lower limbs, which was entirely removed by one application of the cupping glass, and delivery was accomplished in about one hour after, in a most easy and favorable manner. She has since aborted in the third month, when the pain was apparently much relieved by the same means.

Case 3. *April 27th*, 1836. Mrs. M. M., at the commencement of the eighth month of her fifth pregnancy, worn down by catarrhal complaints, and such as are incidental to her condition, together with mental depression, arising from sympathy for a

parent's sufferings, and approaching dissolution,—I found as follows: Pulse 112, pain in the head, febrile paroxysms, a harassing cough, frequent and painful micturition, some pain about the abdomen, costiveness, tongue clean, appetite less than usual, but no loathing of food. Prescribed rest, Ol Ricini, followed by cathartic pills, Tr. Opii et Chloric Æther, expectorant mucilaginous drinks.

28th. Cathartic has operated moderately, feels better, but pulse as yesterday; breathing hurried, cough no better. Continue the sedative and mucilaginous medicines.

29th. Cough incessant, and no sleep the last twenty-four hours; pulse 140, breathing quick and panting, partial delirium, countenance pallid and œdematous, and the aspect of the case every way alarming. I now resorted to dry cupping. Two glasses were applied for one and a half hour, on seven different places, over the cervical, dorsal, lumbar and sacral portions of the spine. During this operation, the pulse was reduced to 120; a gentle emesis, and free expectoration of transparent mucus was excited; cough entirely relieved, and remained so for ten hours; breathing easy, delirium gone, and quiet sleep, in due time, followed. Sedatives and expectorants continued.

30th. Pulse 108, cough occasional and comparatively trifling, no delirium, complains still of febrile paroxysms, and great debility; cupped on each side of the upper dorsal vertebræ. Medicine continued.

May 1st. Symptoms much as yesterday; aspect of the case rather improving. Continued the medicine.

2d. Cough more troublesome; cupped over the lower cervical vertebræ; continued the medicine, with mild tonics. From this time she recruited rapidly, walked about the house, indulged a good appetite, and, on

22d. Was delivered, after a very easy labor, of a large child, and has since recovered her health and strength in the most favorable manner.

Case 4. *May 29th*, 1836, I was called to Mrs. S.'s sixth accouchment; found pains moderate, and not very promising or frequent; being a near neighbor, left her, and was called again in about two hours, she having had, as the attendants informed me, a fit, i. e., had been moderately convulsed. Found her much confused, not knowing where she was or how employed, complaining of great distress in the head. Applied a cupping-glass to the back of the neck, and, finding the os uteri considerably dilated, ruptured the membranes. Three or four moderate pains, with an interval of about five minutes, followed, making little or no alteration in the prospect of delivery. The headache was by this time much relieved, and the mind had resumed its functions. Removed the cupping-glass from the neck, and applied it over the lumbar portion of the spine. The character of the pains was immediately changed, and four only effected the delivery, before the glass was taken off. There being spinal irritation in this case, neuralgic pains and headache continued, for which the cupping was several times repeated, during the first week, with evident benefit. After a previous accouchment, two years since, the same patient was greatly relieved of neuralgic pains, which simulated very closely inflammation of the uterus, by the application of leeches to the lower portion of the spine.

That powerful counter-irritation on other portions of the nervous system may have an effect similar to that of cupping over the spine, is rendered probable by theory and experience. The following case, which occurred in my practice several years since, may serve to illustrate this remark:

Case 5. Mrs. B., being in the seventh month of pregnancy, was seized with severe pains, which she supposed to indicate labor, called me in to assist her. I found the os uteri sealed; gave her, in repeated doses, within two hours, at least fifteen grains of opium, without affording her any relief. I then gave Ol Croton, gtt. ij., and, in less than an hour, the pains left her. About two weeks after, she was again taken with the same pains in kind and degree, and was relieved by the croton oil, without opium, as quickly as before. In due time, parturition took place, without any unusual occurrence.

NOTE K. (*Page* 392.)

Cases are sometimes met with, in which there exists so high a degree of nervous irritability of the whole sentient system, that no active treatment can be endured. I have known the application of a single leech, or a small blister, produce painful spasms; and the exhibition even of a mild cordial, or cathartic, followed invariably by distress. In these cases, there is great tenderness over the whole spinal region; and counter-irritation, if admissible at all, will be likely to do the most good on the parts of the body which are least sensitive.

APPENDIX FOR 1830.

The Annual Meeting of the Fellows of the Massachusetts Medical Society was held on Wednesday, June 2d, at the Athenæum Lecture Room, Pearl Street, at 10 o'clock, A. M.

After reading the records of the last meeting and the records of the Counsellors for the year past, it was voted to choose 74 Counsellors for the ensuing year.

Drs. David Osgood, J. G. Stevenson and G. W. Otis were appointed Scrutineers.

On counting the votes, it appeared that the following gentlemen were elected, viz.

For Suffolk.—Drs. William Ingalls, John Dixwell, James Jackson, Benjamin Shurtleff, John C. Warren, John Randall, George C. Shattuck, John B. Brown, Walter Channing, Jacob Bigelow, George Hayward, Enoch Hale, Jr., Solomon D. Townsend, Zabdiel B. Adams, John Ware, David Osgood, Edward Reynolds.

For Essex.—Drs. Benjamin L. Oliver, James Gardner, Richard Hazeltine, Abel L. Peirson, Andrew Nichols, Thomas Manning, Samuel Johnson, Joseph Kittredge, Jeremiah Spofford, Richard S. Spofford, Edward L. Coffin.

For Middlesex.—Drs. Amos Bancroft, Calvin Thomas, Timothy Wellington, Rufus Wyman, Thomas Bucklin, John Walton, Abraham R. Thompson, Zadock Howe, William J. Walker, John C. Dalton.

For Worcester.—Drs. Stephen Batchelder, Jr., John Green, Daniel Thurber, Edward Flint, Charles W. Wilder, Benjamin F. Heywood, Augustus G. Parker, Gustavus D. Peck.

For Hampshire.—Drs. Elihu Dwight, Joseph H. Flint, Al

pheus F. Stone, Stephen W. Williams, Levi W. Humphreys, Job Clarke.

For Berkshire.—Drs. Henry H. Childs, Robert Worthington, William H. Tyler, Charles Worthington, Royal Fowler, Benjamin Rogers.

For Norfolk.—Drs. Amos Holbrook, Nathaniel Miller, John Bartlett, Robert Thaxter, Samuel Bugbee, Jeremy Stimson, Ebenezer Alden.

For Plymouth.—Drs. Nathan Hayward, Hector Orr, Cushing Otis, Andrew Mackie, Ezekiel Thaxter.

For Bristol.—Drs. Benjamin Billings, Alexander Reed.

For Barnstable.—Drs. Joseph Sampson, Aaron Cornish.

The Treasurer then submitted the annexed statement in relation to the funds of the Society.

TREASURER'S REPORT ON THE PERMANENT FUND.

The Permanent Fund of the Society has been managed agreeably to a vote passed at the time the present Treasurer came into office. By said vote it was made the duty of the Treasurer to invest the fund, as the notes held by the Society were paid in, in Policies in the Massachusetts Hospital Life Insurance Office. This has been done, and the following is a report of the present state of the whole fund:

A. Policy No. 578, June 30th, 1828, principal sum,		$2,549 87
Do. Interest to January 1st, 1830, . . .		197 44
Do. do. according to the estimate of the Actuary to this day, ...		68 53
		$2,815 84
B. Policy No. 755, Aug. 28th, 1829, principal sum,		$744 70
Do. Interest to January 1st, 1830, . . .		12 85
Do. do. to this day, ...		18 93
		$776 48
C. Henry W. Fuller's Note, ...		$600
Interest to this date, ...		30
		$630

From the above it appears, that the Permanent Fund amounts at this time to $4,222 32 cts., the whole of which, except Henry W. Fuller's note, is invested in the Hospital Life Office, and is on compound interest.

Which is respectfully submitted by

WALTER CHANNING, *Treasurer.*

Boston, June 2d, 1830.

Treasurer's Report on the Current Receipts and Expenditures of the Massachusetts Medical Society, from June, 1829, to June, 1830.

EXPENDITURES.

To Cash paid to Order of Publishing Committee,	$100 00
To do. paid to Dr. John Dixwell,	55 23
To do. paid for Annual Dinner,	221 62
To do. paid for Life Insurance Policy	744 70
To do. for one year's Rent,	125 00
To do. for Printing and Advertising,	529 09
To do. for Sundries,	7 00
	$1,782 64
To Balance carried to next Account,	387 77
	$2,170 41

RECEIPTS.

By Cash on Hand, June, 1829,	$575 26
By do. received of Fellows at Annual Meeting,	444 00
By do. from Henry W. Fuller,	672 70
By do. Donation from Dr. Starkweather,	10 00
By do. received of Fellows during the Year,	236 00
By do. of First Medical District,	110 00
By do. of Second Medical District,	122 45
	$2,170 41

Errors Excepted.

Boston, June 2d, 1830.

WALTER CHANNING, *Treasurer.*

The following Report was then read;

Boston, May 31st, 1830.

The Subscribers, a Committee appointed by the Counsellors of the Massachusetts Medical Society to examine the Treasurer's accounts, Report, that they have attended to that duty, and find that said accounts up to the present date are rightly cast and duly vouched.

BENJAMIN SHURTLEFF,
JACOB BIGELOW.

Voted, to accept the above Reports.

The Committee appointed at the last annual meeting of the Society to consider the expediency of making certain alterations in the laws of the Society in relation to Licentiates, reported, that it is not expedient to make such alterations.

Voted, To accept the Report.

The Chairman of the Committee appointed by the Society on the subject of legalizing the study of Anatomy, made some remarks on the subject of their commission, but offered no specific proposition. The following preamble and resolutions were then submitted by the Recording Secretary, and unanimously adopted.

"The Fellows of the Massachusetts Medical Society having a deep conviction that a knowledge of Anatomy is essential to the education of a physician as well as surgeon, and being fully convinced that this knowledge can only be obtained by actual dissection of the human body, which is in a great measure prevented by the existing laws of this Commonwealth, do therefore

"*Resolve,* 1st, That they regard with peculiar satisfaction the remarks of his Excellency the Governor on this subject in his recent communication to the legislature, and the appointment of a special Committee in relation to this business by the Senate and House of Representatives, and hail them as the harbingers of a more liberal and enlightened policy.

"2d, That they will use all proper means in their power to diffuse more correct information in regard to the necessity of anatomical knowledge than now exists, and to convince their fel-

low citizens that the members of the medical profession have no interest distinct from that of the community, in their attempts to legalize the study of Anatomy, but that in so doing they are laboring to advance the cause of science and humanity.

"3d, That they cordially approve the course that has hitherto been adopted by the Counsellors with the view of advancing the object, and they request them to adopt such other measures as they may deem proper and expedient to accomplish the wishes of the Society."

The Committee appointed by the Counsellors, under authority from the Society, to attend to an application to the legislature for an alteration in the law of 1803, made in relation to this Society, reported, that the proposed alterations having met with some opposition in the House of Representatives, the whole business was suffered to lie dormant, whereupon it was

Voted, That the Counsellors be instructed to renew the application to the legislature for an alteration of the act of incorporation, in conformity with the Report adopted at the last annual meeting.

Voted, That in case the application for an alteration of the By-Laws shall fail, it shall be the duty of the Treasurer, under the direction of the Counsellors, to take the most efficient measures authorised by the existing laws to collect the debts due to the Society.

The Censors of the First District informed the Society, that having ascertained from the President of Bowdoin College, that medical students are admitted to an examination for a medical degree in that Institution before they have completed three years of professional study, they had voted that the medical degree of Bowdoin College shall not be considered hereafter plenary evidence of qualifications for license from this Society.

Voted, That the Censors of the First District have, in the opinion of the Society, acted correctly in their decision relative to the question that has arisen between them and the Medical Graduates of Bowdoin College.

The hour having arrived, which was fixed to hear the Annual Discourse, a very interesting one was read by Dr. Rufus Wyman.

Voted, That the thanks of the Society be given to Dr. Wyman for his very ingenious address.

Voted, That this meeting be dissolved.

GEORGE HAYWARD, *Rec. Sec'y.*

ABSTRACT OF THE JOURNAL OF THE COUNSELLORS OF THE MASSACHUSETTS MEDICAL SOCIETY.

A stated meeting of the Counsellors was held this day, Wednesday, October 7th, 1829, at 11 o'clock, A. M. at the Society's room, Pearl Street.

A letter was read from Rufus Wyman, M. D., in which he accepted the appointment to deliver the next Annual Discourse before the Society.

The Committee appointed in June last on the subject of Dissections, reported, that they had issued a circular letter to the Fellows of the Society, with a view of advancing the objects proposed by their appointment, and they recommended to the Counsellors to cause a petition to the legislature to be prepared and presented at the winter session of the General Court.

Voted, That this Committee be requested to continue their attention to the subject, and adopt such other measures as they may deem expedient in relation to it.

Voted, That they be authorised to make expenditures to promote the object for which they were appointed, provided they do not exceed $150.

A stated meeting of the Counsellors was held this day, Wednesday, February 3d, 1830, at 11 o'clock, A. M., at the Society's room, Pearl Street.

Voted, To proceed to the choice of two Committees by ballot, to report at the annual meeting of the Society, one on the state

of the Treasury, and the other on that of the Library. Drs. Benjamin Shurtleff and Jacob Bigelow were chosen to examine the Treasurer's accounts, and Drs. J. B. Brown and Z. B. Adams to examine the Library.

A letter having been read from Ezra Starkweather, M. D., of Worthington, in which he enclosed $10 for the use of the Society, it was *voted*, that the Corresponding Secretary be directed to present the thanks of the Counsellors to Dr. S. for his donation and the expression of his kind feelings and good wishes towards the Massachusetts Medical Society.

Voted, To appoint a Committee on the nomination of Honorary members for the ensuing year. Drs. Warren, Dixwell, and Hale were chosen.

The Committee on the subject of Dissections reported, that they had published a pamphlet since the last meeting, a copy of which they now laid before the Counsellors.

Voted, That the same Committee be authorised to print a new edition, not exceeding 10,000 copies, of this pamphlet, with such alterations and additions as they may deem expedient.

A stated meeting of the Counsellors was held this day, Thurs day, June 3d, 1830, at 10 o'clock, A. M., at the Athenæum Lecture Room, Pearl Street.

The records of the last meeting having been read, it was

Voted, To proceed to the choice of Officers for the ensuing year, and the following gentlemen were elected, viz.

James Jackson, M. D. *President.*
Amos Holbrook, M. D. *Vice-President.*
John Dixwell, M. D. *Cor. Secretary.*
George Hayward, M. D. *Rec. Secretary.*
Walter Channing, M. D. *Treasurer.*
Enoch Hale, Jr. M. D. *Librarian.*

CENSORS FOR THE FIRST DISTRICT AND THE SOCIETY.

Drs. John Dixwell, Rufus Wyman, Walter Channing, George Hayward, Enoch Hale, Jr.

FOR THE SECOND DISTRICT.

Drs. John Green, Edward Flint, Benjamin F. Heywood, Charles W. Wilder, Gustavus D. Peck.

FOR THE THIRD DISTRICT.

Drs. Elihu Dwight, Joseph H. Flint, Daniel Collins, Elisha Mather, Job Clarke.

FOR THE FOURTH DISTRICT.

Drs. Alfred Perry, W. H. Tyler, Hubbard Bartlett, Orren Wright, Lyndon A. Smith.

The Committee on Publication and the Committee on Resignations were then chosen by ballot, viz.

Jacob Bigelow, M. D., George Hayward, M. D., Enoch Hale, Jr. M. D. Committee of Publication.

Walter Channing, M. D., John Ware, M. D., Zabdiel B. Adams, M. D. Committee on Resignations.

Voted, To proceed to the choice by ballot of a Fellow to deliver the next Annual Discourse before the Society.

John Green, M. D. of Worcester was chosen.

A Report was then read from the Censors of the First District and for the Society, whereupon it was

Voted, That the Secretary of the First Board of Censors be directed to communicate to the other Boards of Censors the proceedings of the Censors of the First District in relation to the medical diploma of Bowdoin College, and inform them, that their proceedings have received the sanction of the Society at their late annual meeting.

A Report of the Censors of the Second District was laid before the Counsellors, but no reports were received from the Third or Fourth Districts.

A statement of the proceedings of the Essex South District Society for the year was read, and ordered to be placed on file.

The Report, which had been adopted by the Society yesterday, of the Committee on applying to the legislature for some alterations in the law made in 1803, in relation to this Society, was then read.

Voted, That Drs. Hale, Channing and Homans be a Committee to attend to the business.

Voted, That a Committee of five be appointed to attend to the subject of legalizing the study of Anatomy.

Voted, That Drs. John C. Warren, George Hayward, A. L. Peirson, George C. Shattuck and John Ware be this Committee.

Voted, That this Committee be allowed to expend a sum not exceeding $150 in prosecution of their commission.

Voted, That this Committee be authorised to petition the legislature, in the name of the Society, if they deem it expedient.

Voted, That the standing Committee on Resignations be a Committee to consider if any alterations should be made in the seventh Rule of the Counsellors, which relates to resignations.

Voted, To continue the premium of one dollar for every printed page, which may have been approved by the Publishing Committee, on the terms heretofore offered.

Voted, To dissolve the meeting.

The following gentleman has been elected a Fellow during the past year, viz. Dr. Elisha P. Fearing, Nantucket.

The following gentlemen have been admitted in course, viz. Joseph Palmer, M. D. Boston; John C. Hayden, M. D. Cambridge; Paul Swift, M. D. Nantucket; Wyatt C. Boyden, M. D. Beverly; John D. Fisher, M. D. Boston; Ebenezer Hunt, M. D. Danvers; Julius S. Mayhew, M. D. Fairhaven; John Jennison, M. D. Northampton; Sewell G. Burnap, M. D. Hollis-ton; Amariah Brigham, M. D. Greenfield; Nathan C. Keep, M. D. Boston; Edward G. Davis, M. D. do.; Joseph W. Mc Kean, M. D. do.; Alexander Thomas, M. D. do.; John B. Stebbins, M. D. do.; Joseph Clarke, M. D. do.; Samuel Morrill, M. D. do.

The following gentlemen have had leave during the year to resign their fellowships, viz. Drs. Joseph Torrey, Salem; Artemas Bullard, Sutton; Otis Goodman, South Hadley; Leavitt Bates, Norton; Moses D. Spofford, Rowley; Paul R. Metcalf, Wrentham.

Note. We are requested by the Treasurer to say, that a Report has been received from the Censors of the Third District, which was mislaid at the time his Report was made.

APPENDIX FOR 1831.

The Annual Meeting of the Fellows of the Massachusetts Medical Society was held on Wednesday, June 1st, at 10 o'clock, A. M. at the Athenæum Lecture Room, Pearl Street.

After the records of the last meeting and the records of the Counsellors for the year past had been read, it was voted to proceed to the choice of 77 Counsellors for the ensuing year.

Drs. J. B. Flint and Z. B. Adams, of Boston, and J. O. Green, of Lowell, were appointed Scrutineers.

On counting the votes, the following gentlemen were declared to be elected, viz.

For Suffolk.—Drs. William Ingalls, John Dixwell, James Jackson, Benjamin Shurtleff, John C. Warren, John Randall, George C. Shattuck, John B. Brown, Walter Channing, Jacob Bigelow, George Hayward, Enoch Hale, Jr., Solomon D. Townsend, Zabdiel B. Adams, John Ware, David Osgood, Edward Reynolds, John Homans.

For Essex.—Drs. James Gardner, Richard Hazeltine, Joseph Kitteredge, Jeremiah Spofford, Abel L. Peirson, Andrew Nickols, Edward L. Coffin, Samuel Johnson, Thomas Manning, Richard S. Spofford, Calvin Briggs.

For Middlesex.—Drs. Amos Bancroft, Calvin Thomas, Timothy Wellington, Rufus Wyman, Thomas Bucklin, John Walton, Zadok Howe, William J. Walker, John C. Dalton, Ephraim Buck, Daniel Swan.

For Worcester.—Drs. Stephen Bachelder, John Green, Daniel Thurber, Edward Flint, Charles W. Wilder, Benjamin F. Heywood, Gustavus D. Peck, Amos Parker.

For Hampshire.—Drs. Joseph H. Flint, Alpheus F. Stone, Stephen W. Williams, Levi W. Humphreys, Job Clark, Elisha Mather.

For Berkshire.—Drs. William H. Tyler, Henry H. Childs, Asa G. Welch, Robert Worthington, Alfred Perry, Hubbard Bartlett.

For Norfolk.—Drs. Amos Holbrook, Nathaniel Miller, John Bartlett, Samuel Bugbee, Robert Thaxter, Jeremy Stimson, Ebenezer Alden.

For Plymouth.—Drs. Nathan Hayward, Hector Orr, Cushing Otis, Andrew Mackie, Ezekiel Thaxter, Paul L. Nickols.

For Bristol.—Drs. Benjamin Billings, Alexander Reed.

For Barnstable.—Drs. Joseph Sampson, Aaron Cornish.

The Treasurer made the following report on the state of the funds of the Society, viz.

The Treasurer presents the following report on the Permanent Fund of the Massachusetts Medical Society, for the year ending June 1st, 1831.

This fund consists of two Policies of Insurance of the Massachusetts Hospital Life Insurance Company, a note of hand of Henry W. Fuller, Esq., and the interest of said note for one year.

The first Policy is numbered 578, the principal sum of which is, . .	$2,549 87	
Interest on do. to June 1st, 1831, .	329 31	
		$2,879 18
Second Policy, number 755, principal sum, ...	744 70	
Interest to June 1st, 1831, . .	49 21	
		$793 91
H. W. Fuller's note, . . .	600 00	
Interest to July 30th, 1831, .	36	
		$636 00
Making the permanent fund amount to . .		$4,309 09

Errors Excepted.

(Signed.) WALTER CHANNING, *Treasurer.*

Boston, June 1st, 1831.

The Treasurer of the Massachusetts Medical Society, presents the following Report of his account current with the Society for the year ending June 1st, 1831.

MASSACHUSETTS MEDICAL SOCIETY, DR.

1830,	June 8,	To Cash paid William Gallagher, for Annual Dinner, .	$172	12
"	"	" counterfeit bill received for License, . .	5	00
"	" 29,	" paid one quarter's Rent,	31	25
"	Aug. 2,	" for Collecting Assessments,	34	20
"	" 27,	" for engraving, . .	14	16
"	" 31,	" to order of Publishing Committee, . . .	122	24
"	Sept. 2,	" one quarter's Rent, .	31	25
"	" 30,	" to order of Publishing Committee, . . .	52	00
"	Oct. 4,	" Willis & Rand, for Advertising, . . .	5	00
"	" 22,	" C. Stimson, Jr., .	8	33
"	Nov. 8,	" Amos H. Haskell, .	17	35
"	" 30,	" for Rent, . .	31	25
1831,	Feb. 8,	" to order of Publishing Committee, . . .	6	00
"	March 9,	" for Smith and Tweedie on Fever, . . .	6	00
"	" 12,	" to order of Committee on Anatomy, . .	62	00
"	" 30,	" to Do. of Publishing Committee, . .	438	70
			$1,036	85
To Balance carried to new Account, . .			309	92
			$1,346	77

MASSACHUSETTS MEDICAL SOCIETY, CR.

1830, June 3,	By Balance of Account of 1829,	$387	77
" " "	Cash received of Librarian,	1	00
" " " "	for Assessments of Fellows of the Medical Society,	426	00
" " " "	" at other times,	432	00
1831, May 30, " "	from the 1st Board of Censors, . . .	100	00
		$1,346	77

Errors Excepted.

(Signed.) WALTER CHANNING, *Treasurer.*

Boston, June 1st, 1831.

The following Report was then read:

The subscribers, a Committee appointed by the Counsellors of the Massachusetts Medical Society to examine the Treasurer's Accounts for the last year, report, That they have attended to the duties assigned them, and find the said accounts to be correctly cast and duly vouched.

JACOB BIGELOW,
GEORGE HAYWARD, } *Committee.*

Boston, May 31st, 1831.

Dr. Brown from the Committee on the Library, reported, that they had examined the same, and found it in good order, and that no books had been lost during the past year.

Voted, To accept the Report.

The Committee on Resignations made the following Report, which was accepted.

REPORT OF THE COMMITTEE ON RESIGNATIONS.

The Committee on Resignations, having been directed to consider if any alterations should be made in the seventh Rule of the Counsellors, which relates to Resignations, have attended to that duty, and offer the following Report:

In order to answer the purpose for which they were appointed,

viz. to remove any difficulties which may arise in the application of the laws regulating Resignations, the Committee have directed their attention to the existing By-law, (p. 25, of By-laws,) and believe that it may be so altered as to be of much easier application to cases, than it is in its present form. They beg leave, therefore, to offer the following, viz. the matters contained in the two following paragraphs, as a substitute for the 4th Sec. 1st Chap., and propose that the same be recommended by the Counsellors to the Society, on their next Annual Meeting.

"Any Fellow, on arriving at the age of sixty, may be permitted to resign his fellowship, on application to the Counsellors. He shall afterwards be excused from the ordinary duties of the Society, but may attend its meetings, may vote thereat, and shall be entitled to receive its publications in the same manner as ordinary Fellows, but shall not be eligible to any office of the Society. Other Fellows may also be permitted to resign, for such reasons as the Counsellors shall deem satisfactory, but shall not be afterwards entitled to any of the privileges of the Society.

"Those whose resignation has been accepted, shall have their names in the List of Fellows distinguished by a peculiar mark, but if the reasons assigned in any case should not be satisfactory, and the Fellow should, notwithstanding, withdraw, his name shall be discontinued from the List of Fellows."

The Committee further recommend, that the third case in which resignation of fellowship may be permitted, may be stricken out of the 7th Rule of the Counsellors, whenever the By-law shall be amended as proposed above.

As much difficulty is experienced by the Committee on Resignations, in deciding on cases, in consequence of the short time allowed for considering them under the present usage, your Committee recommend that the Corresponding Secretary be requested to send Letters on Resignations, to the Chairman of the Committee, at least one fortnight next preceding the meetings of the Counsellors.

WALTER CHANNING,

Boston, Oct. 5th, 1830. *for the Committee.*

The Committee appointed to apply to the Legislature for an alteration of the Act of 1803, relating to this Society, reported as follows:

The Committee appointed by the Counsellors of the Massachusetts Medical Society, to make application to the Legislature for certain alterations of the Acts of Incorporation of the Society, respectfully Report:

That at the last Session of the Legislature, an additional Act was passed, an official copy of which is herewith presented. In order that the Act may be in full force, the Committee respectfully recommend to the Society the adoption of the following, or a similar resolution:

Resolved, That the "Act in addition to an Act, entitled an Act, in addition to an Act, entitled an Act, to Incorporate certain Physicians by the name of the Massachusetts Medical Society," passed on the 19th day of March, 1831, be accepted and adopted by this Society.

E. HALE, Jr.
W. CHANNING,
JOHN HOMANS,
} *Committee.*

Boston, April 20th, 1831.

COMMONWEALTH OF MASSACHUSETTS.

In the year of our Lord one thousand eight hundred and thirty-one.

An Act in addition to an Act, entitled "An Act in addition to an Act, entitled an Act to Incorporate certain Physicians by the name of the Massachusetts Medical Society."

Section 1. Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, That so much of the Fourth Section of an Act passed on the eighth day of March, in the year of our Lord one thousand eight hundred and three, entitled "An Act in addition to an Act, entitled an Act to Incorporate certain Physicians by the name of the Massachusetts Medical Society," as requires that those who are authorized to claim admission into said Society shall have first passed at least three years in approved practice of Medicine and Surgery, and so much of the same Section as en-

titles Licentiates of the said Society, and Bachelors of Medicine at Harvard University, to the use of the Libraries of the Society, be, and the same are hereby repealed, the residue of the said Section remaining in full force.

Sect. 2. Be it further enacted, That the Treasurer for the time being of the said Massachusetts Medical Society, is hereby authorized to sue in the name of said Society, in an action of debt, before any Court proper to try the issue, for such sums of money as may hereafter become due to said Society from any person, being, or who has heretofore been, or who shall hereafter become a Fellow thereof, for the annual or other assessments of said Society, or for penalties accruing under and by virtue of the By-laws and votes of said Society, by declaring, generally, against the defendant, as indebted to said Society for the penalty accruing from the breach of any By-law thereof, or for a sum becoming due by virtue of any legal vote of said Society, (as the case may be) setting forth the substance only of such By-law or vote; and the said Society shall thereupon recover judgment for so much debt or damage as they shall prove to be due and no more.

In the House of Representatives, March 19, 1831,
Passed to be enacted.
W. B. CALHOUN, *Speaker.*

In the Senate, March 19, 1831,
Passed to be enacted.
JAMES FOWLER, *President.*

March 19, 1831,
Approved, LEVI LINCOLN.

A true Copy,
Attest, EDWARD D. BANGS,
Secretary of the Commonwealth.

Voted, To accept the Report, and adopt the Act of the Legislature therein referred to.

Voted, That the Counsellors be authorized to determine upon what conditions Licentiates of this Society, and Doctors of Medicine of Harvard University, may become Fellows.

The Committee appointed at a special meeting of the Counsellors in April last, in consequence of a petition of certain Physicians of Berkshire, to the Legislature of this Commonwealth, which petition, with the order of notice, are entered in the records of the Counsellors, made the following Report:

The Committee of the Counsellors of the Massachusetts Medical Society, to whom was referred the petition of H. H. Childs and others, to the Legislature, and the order of notice thereon, addressed to this Society, respectfully Report:

That neither the Fellows of this Society, as individuals, nor the Society as a corporate body, have any interest in the subject matter of the said petition, except so far as it may affect the interests of the medical profession generally, in this Commonwealth, and the welfare of the whole community. The Government of the Commonwealth have made the Massachusetts Medical Society the guardians of the health of its citizens; by making it their duty to establish a sufficient standard of medical education, and to maintain a system of correct professional conduct. In consideration of the performance of these duties, the Society is endowed with certain privileges; and these privileges are bestowed equally on every member of the Society, embracing in its design, (and nearly so in fact,) every educated practitioner of medicine or surgery in the State. The only semblance of distinction, either of privileges or honor, which the Society admits among its members, is in the small number of its offices; and these are so encumbered with onerous labors, that they have always been regarded more as a service of duty, than a mark of honor.

The duties thus assigned to the Society, the Committee believe, have been faithfully performed; the purposes for which it was established have thus far been in a great measure accomplished. Previous to the organization of the Society, no system of medical education was observed, and no means existed of ascertaining the qualifications of candidates for the profession. A young man might pursue his studies in such a manner and for such a length of time as he saw fit, and then enter upon the practice without

examination or license of any kind. It necessarily followed, from such a state of things, that a considerable number came into the profession, who were altogether unqualified for its high responsibilities. Such men not only endangered the lives and health of the community, who could judge of their qualifications only after a long, and perhaps dangerous trial of their skill; and brought dishonor upon the profession, by their ignorance and mal-practice; but by resorting to artifices to obtain employment, which better educated and more honorable men would have disdained and avoided, they became the cause of jealousy, contention, and distrust, among the members of the profession. A physician who was already established in practice, having no means of knowing what were the qualifications of a young man, who should come into his neighborhood, except such as a long acquaintance might afford, would be at a loss whether to expect in him an honorable competitor, in friendly colleague, or a cunning rival, seeking to supplant him. It was a necessary consequence, that every stranger was an object of suspicion; and but too often the suspicion soon ripened into mutual recrimination and contention. It must be in the recollection of some of the Fellows of the Society, that the lives of many able and well established physicians, were often disquieted by the attempt of some half-educated practitioner to supplant him; and although he might not always succeed in so doing, the very attempt was no small cause of apprehension and distress.

Had it been the only beneficial result of the operations of this Society, that these evils have been effectually corrected, there would still have been abundant reason to feel that neither the labors of the Society nor the efforts of its individual members, had failed of an adequate return. We have, it is true, irregular practitioners still among us, and must expect always to have them. But the line of distinction is now so strongly drawn between them and educated physicians, that the profession is no longer made responsible in the minds of men, for the consequences of their ignorance and mal-practice, nor its harmony disturbed by their misconduct; and they are much less successful than formerly, in

diverting the confidence of the community from regular physicians to themselves.

It needs no argument to show that this change, so auspicious to the interests alike of the profession and of the public, is mainly to be attributed to the efforts of this Society. It belongs rather to our present object, to show what are the means by which the Society has effected so much for the general good.

The leading principle upon which this Society has ever proceeded, differs essentially from that of most similar institutions. It inflicts no penalties, except that of withholding its countenance and assistance, neither upon irregular practitioners, nor upon delinquent members. The Act of Incorporation has, indeed, given the power of imposing fines for the breach of the by-laws; but the power has never been exercised, and probably never will be; no by-law has been framed with the penalty of a fine annexed to it. The Legislature, has also, within a few years, enacted that irregular practitioners, shall not be permitted to collect their fees by the aid of the law. But this law was not sought for by the Society; and it is at least doubtful, whether its operation is not rather injurious than beneficial to its interests. Both these provisions are so at variance with the general spirit of the Society's proceedings, that they ought not to be regarded as any part of its system.

The true power of the Society depends entirely upon the weight which public opinion has given to its influence. The members are bound by their own voluntary obligation not to consult with, or afford any professional assistance to, any practitioners but such as are recognised by the Society. As it is the design of the Society, to receive into Fellowship all whose education and character are such as to entitle them to confidence, this simple provision marks an effectual distinction, as an English statute expresses it, "between the on-conynge and the conynge," between those who are, and those who are not, in some good degree properly qualified for the profession. Had the Society exercised its power of discrimination, arbitrarily, and without a due regard to the real character and the qualifications of the different individ-

uals, to which it was applied, this provision must have been wholly inoperative. It has, on the contrary, received the sanction of the community. It is an honor, in the estimation of all men, to be a Fellow of the Society, and such is the confidence of the public in the decisions of the Society, that no man can be recognised as a physician by the community at large, who is not so recognised by the by-laws of this Society.

Although this principle is so effective in its operation, yet it is so simple in itself, that many persons have altogether overlooked it, and have sought for some other means of accounting for the powerful and salutary influence of the Society. Hence appears to have arisen the opinion, that the advantages of the Society, are in a great measure limited to those who are able to attend its annual meetings. The annual meetings are indeed indispensable to the successful operations of the Society ; and it is equally important that they should be attended by a sufficient number of the Fellows to ensure the confidence of the whole Society, in all the measures that are adopted at them. The more full the attendance, the more effectually is this purpose accomplished. Some benefit also arises incidentally, from the mere circumstance of the meeting of a considerable number of professional brethren, in consultation for the promotion of a common useful object. Independently of this mutual interchange of social and friendly feelings, the advantages of the annual meetings are enjoyed by those who do not attend them in a degree scarcely, if at all, less, than by those who are always present.

And these advantages are extended equally into every part of the State, wherever the principle upon which the Society is founded, is adhered to. In regard to the collateral benefits of the meetings, the Society has also made all the provision for their extension, that the nature of the case admits of, by establishing District Societies, with full corporate powers, whenever a sufficient number of Fellows has applied for them.

The only privilege enjoyed by those who reside near the centre of the State, in a greater degree than by those who are more remote, consists in the use of the library. For this reason,

the library has never been enlarged at the expense of the Society. It is wholly the gift of individuals. Still it contains a valuable collection of the best books; and the Society has not failed to do all that can be done, to equalise its usefulness. The length of time for retaining the books has been extended to a whole year, in order to facilitate the use of them by the more distant Fellows of the Society; and District Societies are permitted to take fifty volumes at a time, and to retain them two years. Whatever inequality there is from this cause, is in a great measure counterbalanced by the labor of conducting the business of the Society, which necessarily falls chiefly upon those who reside near the centre of its operations.

If, therefore, the Fellows of the Society, in any part of the Commonwealth, have not received a full share of the benefits which the influence of the Society has conferred upon others, it is because they have not rightly appreciated the nature of that influence, and have not acted fully up to the principles upon which the Society is founded. So small a number have attended the annual meetings, from some of the more distant counties, that they have come to look upon the operations of the Society with distrust, and to turn away their eyes from the advantages which they, in common with others, really derive from those operations. But the Committee confidently trust, that when the subject is reviewed in all its bearings, the Fellows of the Society in every part of the Commonwealth, will be satisfied that the truest interests and honor, as well as the best usefulness of the profession, are to be found in a continuance of the union and harmony which have heretofore prevailed.

These general remarks will enable the Society to perceive, what view, in the opinion of the Committee, should be taken of the petition of the physicians of Berkshire. The reasons assigned for desiring a separate Society, are substantially two, the burdens imposed by the Massachusetts Medical Society; and the want of a sufficient participation in the privileges of the Society.

The only burdens which this Society lays upon any of its members, are the payment of the annual assessment of three

dollars, and the duty of executing the offices to which they may be elected. The assessment is imposed equally upon all. The offices of course, are assigned to those who are judged by the Counsellors to be best fitted by their standing and their local situation, to discharge them ably and faithfully; and, therefore, while there is some labor, and in some instances, a considerable share of labor attending them, they are also to be regarded as proofs of confidence and respect, which are not wholly without their value. The only office in regard to which there has been any complaint, is that of Censors, to which allusion is made in the petition. In respect to this office, the only complaint has been in the County of Berkshire; and this has been communicated to the Society so recently, that there has been no opportunity for the Society to act upon it. It comes certainly with the less force, that the Censors of that District have never paid into the treasury of the Society, any portion of the sums received for licenses granted by them. The Censors of the other Districts have cheerfully performed the same duty without preferring any claim to remuneration. Still the Committee are by no means satisfied that some provision ought not to be made to meet this objection. When gentlemen are obliged to ride some distance to perform the offices of the Society, they must necessarily incur expenses; and these expenses, at least, should be borne by the Society.

The Committee are at a loss to perceive the correctness of the statement in the petition, that there are "Medical Societies in adjacent States, whose privileges are far greater, and attended with much less expense." On the contrary, they believe that in no State of the Union, and in no country in Europe, does the profession enjoy a greater degree of harmony and peace among its members, or possess in a higher degree the respect and confidence of the community, than in this Commonwealth; and in none do the privileges of the profession proceed more directly from their medical institutions, than do ours from the Massachusetts Medical Society.

The whole annual expense of this Society to each individual Fellow, is three dollars. Besides the exemption from liability to

be drawn as jurors, to which the Fellows of the Society are entitled, in common with other regular physicians, they are also exempted by charter, from all enrolment in the militia, in distinction from all other practitioners. The pecuniary value of this exemption alone, is greater than the amount of the annual assessment. The privileges to which the Committee have before adverted, the security which the Society has been the means of affording to each individual Fellow, against the encroachments of unqualified and dishonorable practitioners, and the mutual confidence which it has imparted to each, in the general integrity and honorable designs of his neighbor, are privileges now so well established, that the source from which they emanated is in a great measure forgotten. And yet it is none the less true, that they are the effects of the labors of the Society.

The publications of the Society have been freely distributed to every member. These have not always been of a very high value. But there have been occasions, in which questions of great interest have been investigated by Committees of the Society, and the results communicated in very valuable Reports; such are the Report on the Spotted Fever, and that on Vaccination. Besides their ordinary publications, the Society prepared and published the Massachusetts Pharmacopœia, the first, and one of the best Pharmacopœias that has ever been published in this country; and had no small share in preparing the Pharmacopœia of the United States. In various other ways, opportunities have been seized for promoting medical knowledge and improving medical practice. In the late law for the encouragement of the study of anatomy, which has brought such honor on our State, as the first to set an example of such enlightened legislation, we have also an exemplification of the salutary influence of this Society in which every Fellow may feel a just and honorable pride. For it cannot be doubted, that it was the influence which this Society exerted, in enlightening the public mind to the importance of the study of anatomy, that primarily led to the passage of such a law.

The recent arrangements of the Counsellors for the annual

publication of a volume of practical medicine, furnishes another advantage, which of itself, scarcely falls short, in pecuniary value, of the whole amount of the annual assessment. If the Society should remain united, and all its members cordially co-operate in promoting its utility and respectability, all the objects by which it has hitherto contributed so much to the honor and usefulness of the profession may be continued and extended, without imposing burdensome restraints or obligations on any of its members.

The petition of the Berkshire physicians, asks only to be separated from the Massachusetts Medical Society, and to be formed into a distinct Society, for the purposes of "a frequent interchange of sentiments, united efforts, publicity of facts and cases, &c." The by-laws of the Massachusetts Medical Society, recognise the right of any individual Fellow to withdraw from it at his pleasure. Of course, if all the Fellows residing in Berkshire County, had seen fit to exercise that right, they could do so, without asking leave from the Legislature. Neither would the Society be disposed to object to an association of any of its Fellows, for the purpose of mutual improvement. On the contrary, it has ever been the policy of the Society, to encourage such associations, by the establishment of District Societies. And it is worthy of remark, that the encouragement afforded to the Berkshire District Society, has been greater than has ever been granted to any other District. It may be that the by-laws respecting District Societies, may demand some modification in order to give them still greater facilities. If such should prove to be the case, the past history of the society does not leave room to doubt, that the Fellows of the Society will be fully disposed to acquiesce in any alteration which shall appear to be for the general good.

But if the objects of the petitioners, be, as the Committee are led to suppose, to obtain an independent power to grant licenses to practitioners of medicine, the Committee would deem it to be the duty of the Society, earnestly to protest against the granting of their petition. It was obviously the design of the Legislature,

in granting the charter of the Massachusetts Medical Society, as it now exists, and it is evidently necessary for the full accomplishment of its useful objects, that the Society, made up as it is of the whole body of the profession in the Commonwealth, should have an entire control of the requirements which shall be regarded as constituting a competent medical education. The only exception, to the full completion of this design was, in the privilege allowed to the medical graduates of Harvard University, to be received as licentiates of the Society. This exception was the result of necessity, not of choice. Harvard University was in existence, and had the right to confer medical as well as other degrees, long before the establishment of this Society. The only means of avoiding collision with that ancient and respectable Institution, was by the compromise which was adopted.

But for this Society to consent that any new institution should receive a similar right to confer equal privileges, especially any institution which shall not be bound to the observance of a dignified and correct course, by an equal connexion with and dependence upon the government of the Commonwealth, as is the Corporation of Harvard University, would, in the opinion of the Committee, be a gross violation of the obligations imposed upon this Society. It has already been shown, that the chief means by which the harmony of the profession and the security of the public against unqualified practitioners, have been promoted by the Society, are the high and uniform standard of qualifications demanded of the candidates for the profession. But if there should be a number of independent Boards of Censors, to decide upon these qualifications, all attempt to preserve uniformity must be in vain. The rules of different Societies, will necessarily be different, and the practice under those rules, in institutions having no intimate connexion with each other, will vary still more; and jealousies and contentions will be the unavoidable consequences. In reference to the institutions of different States, there is a remedy for this difficulty, by requiring the candidate to present his testimonials to the Censors of the State to which he removes. But if separate Societies should exist in

different parts of the same State, such a requirement will be attended with much greater embarrassment.

The Committee trust that it need not be said that in recommending to the Society to oppose the petition of the Berkshire physicians, their only object is to propose such a course as they believe will be for the best interests of the whole profession and the whole community throughout the Commonwealth. The whole history of this Society, shows that its concerns have never been administered in a desire to promote the advantage of a portion of the profession, at the expense of the rest. No complaint has ever been made of the operation of any party influence in the administration of its concerns. The Society was originally limited to the number of seventy members, and when those members, distinguished as they were by peculiar privileges, after a trial of twenty years, found that the objects of the institution were not accomplished, they proposed the extension of their own privileges to the whole profession. This change was not forced upon them by any state of public feeling from without the Society. The records of the Society show, that an extensive correspondence was instituted among its members, in order to devise the best means of increasing its usefulness; and the result was the change to the present constitution of the Society. A similar instance appears in the application which was made the last year to the Legislature, for the right to admit licentiates to the privileges of Fellows, without the intervention of three years' practice. This proposition originated in the conviction in the minds of the Fellows of the Society, that such an extension of its privileges would be, on the whole, useful; and upon the same principle it met with the unanimous approval of the Society.

In conclusion, the Committee recommend that a memorial be presented to the Legislature, respectfully remonstrating against the prayer of the petition of the physicians of Berkshire County.

(Signed) E. HALE, Jr.,
RUFUS WYMAN,
WILLIAM J. WALKER,
GEORGE HAYWARD,
Z. B. ADAMS,
} *Committee.*

Boston, June 1st, 1831.

The following memorial was also presented by the Committee, in connexion with their Report:

To the Honorable the Senate and House of Representatives of the Commonwealth of Massachusetts.

The Memorial of The Massachusetts Medical Society respectfully represents—That this Society was established for the purpose of increasing the respectability of the medical profession and its means of contributing to the public welfare; and for many years it has been faithfully engaged in effecting these objects, by improving the standard of medical education, and by maintaining a system of honorable professional conduct throughout the Commonwealth. The privileges, with which the liberality of the Legislature has endowed the Society, have been distributed to all its Fellows, without partiality to any, in all parts of the State. The Society has not been guilty of oppression to any, either its Fellows or others. Least of all, have those of its Fellows who constitute the Berkshire Medical District, any just ground of complaint, since they have continued to receive their full share of its privileges.

With the exception of the duties of some of the offices, the only burden which the Society imposes upon any of its Fellows, is the payment of an annual assessment of three dollars; and this has always been freely remitted, whenever any individual has fallen into impoverished circumstances. For this assessment, each Fellow receives much more than a full equivalent in pecuniary value, by his exemption from enrolment in the militia, and in the publications of the Society; besides the many and great advantages which all the members of the profession, as well as the whole community constantly derive, from the discouragement of ignorant and unqualified practitioners, the promotion of mutual confidence and harmony, and the increased respectability and usefulness of the profession, produced by the labors of the Society.

The Massachusetts Medical Society does, therefore, most respectfully remonstrate against granting the petition of certain

physicians of the County of Berkshire, to be incorporated into a separate Medical Society, as unnecessary and highly injurious.

If the object of the petitioners be only the advancement of Medical Science, by the interchange of sentiments, and the publication of facts and cases, &c., as stated in their petition, a separate Society is unnecessary, because the Berkshire District Medical Society is capable of affording all the facilities for such purposes, that any new Society can furnish. The Massachusetts Medical Society has always been disposed to grant to the District Societies every assistance in its power; and the Berkshire District, in particular, has received more extensive aid than any other.

If, in addition to these powers, an independent right to examine and license candidates for the practice of physic and surgery, should be granted, the effect would, in the opinion of this Society, be highly injurious, not only to the medical profession, but also to the best interests of the whole community. The chief means by which The Massachusetts Medical Society has been able to accomplish so much for the public good, are the uniform standard of qualifications for admission into the profession, which it has established and hitherto maintained. The Censors of the several Districts are all governed by the same rules, in the examination of candidates, as those of the Society at large. But if several Societies should be established, with independent powers of determining the proper requirements, all uniformity must necessarily cease; and jealousy and contention will be the unavoidable consequence.

The medical profession in this Commonwealth, have long been in a state of great harmony and mutual confidence among its members; and of prosperity and progressive improvement, as well as of extensive and increasing usefulness. The Massachusetts Medical Society earnestly pray the Legislature not to adopt a measure which they believe will greatly tend to interrupt their harmony, impede their improvement, and diminish their usefulness.

Before any vote was taken, Dr. Childs offered the following resolution, viz.

Resolved, That the by-laws of The Massachusetts Medical Society be so amended, that the Fellows of said Society shall pay their annual assessments to the Treasurer of the District Society, provided that such a Society exist in the District in which they reside, to be appropriated in such a manner, as the District Society shall deem most conducive to the best interests of the medical profession.

An animated and interesting debate was produced by the introduction of this resolution, but before it was finally disposed of, it was

Voted, To accept the Report of the Committee.

Voted, That the Memorial be signed by the President and the Recording Secretary, and that the Counsellors take the proper measures to have it presented.

It was then *Voted,* That the resolution offered by Dr. Childs be referred to a Committee to consist of two from each Medical District of Counsellors. The following gentlemen were chosen, viz.

Drs. Warren and Hale for Suffolk, Peirson and Hazeltine for Essex, Z. Howe and Bancroft for Middlesex, Thurber and Willard for Worcester, Brooks and Dickinson for Hampshire, Childs and Welch for Berkshire, Thaxter and Miller for Norfolk, Orr and Hayward for Plymouth, Billings and Reed for Bristol, White and Cornish for Barnstable.

Voted, That this Committee report to the Counsellors.

The usual address was not delivered, in consequence of the absence of Dr. Greene of Worcester, who had been appointed to perform on the occasion.

Owing to the discussion of several interesting subjects, the meeting was continued till three o'clock, when all the business having been disposed of, it was

Voted, To dissolve the meeting, and the Society proceeded to dine together at the Exchange Coffee House.

GEORGE HAYWARD, *Rec. Sec.*

ABSTRACT OF THE JOURNAL OF THE COUNSELLORS OF THE MASSACHUSETTS MEDICAL SOCIETY.

A stated meeting of the Counsellors was held Wednesday, October 6th, 1830, at 11 o'clock, A. M. at the Society's room, Pearl Street.

The Committee on Resignations reported that it was expedient to make some alterations in the laws respecting resignations. It was, therefore,

Voted, To recommend to the Society, at the next annual meeting, the adoption of their Report. [See the Report in the proceedings of the Society.]

The Committee appointed at the last meeting to apply to the Legislature for an alteration of the law of 1803 respecting this Society, were authorised to make use of any papers in the hands of the Secretaries, which they might find necessary for the purpose of their appointment.

Voted, That the Committee of Publication be directed to report at the next meeting, whether it is expedient for the Society to prepare a compilation or re-print some practical work or works on Medical Science, not to exceed 500 pages, to be offered to Fellows of the Society at their next annual meeting.

Voted, To enlarge the Committee on the subject of legalizing the study of Anatomy. Drs. William Ingalls and Joshua B. Flint were added to this Committee.

A stated meeting of the Counsellors of The Massachusetts Medical Society was held February 2d, 1831, at 11 o'clock, A. M. at the Society's room, Pearl Street.

The Committee on Anatomy reported in part, and were directed to continue their attention to the subject.

The following report was made by the Publishing Committee, viz.

Boston, Feb. 1st, 1831.

The Publishing Committee of The Massachusetts Medical Society, to whom was referred the subject of an annual publication, report as follows:

That it is expedient for the Society to prepare a compilation or re-print of some practical work or works on Medical Science, not to exceed 500 pages, to be offered to the Fellows of the Society at their next annual meeting.

That those persons, and those only shall be entitled to receive one copy each, who are Fellows of the Society at the time of said annual meeting, and have paid their assessments up to that time, or who are retired members of the Society, honorably discharged.

Signed, JACOB BIGELOW, *Chairman.*

Voted, To accept the report.

Voted, That the Publishing Committee be directed to prepare the work and publish the same.

Drs. Bigelow and Hayward were chosen by ballot to examine the Treasurer's Accounts, and Drs. J. B. Brown and Z. B. Adams to examine the Library, and to report at the annual meeting of the Society.

The Committee appointed to apply to the Legislature for some alteration of the law of 1803 reported in part, and were directed to give the subject their further attention.

Dr. Bigelow submitted the following preamble and resolution, which were adopted.

Whereas it does not appear to the Counsellors of the Massachusetts Medical Society, that any revised edition of the American Pharmacopœia has hitherto been completed with sufficient unanimity or extent of co-operation to render certain its adoption as a national standard,

Resolved, That The Massachusetts Medical Society will for the present continue to use as their standard, the Pharmacopœia of the United States, published by the Convention of 1820.

Voted, That the Recording Secretary publish the above in

such newspapers as he may think proper, and send a copy of the same to the President of the Massachusetts College of Pharmacy. Drs. Jacob Bigelow, John W. Webster and John Ware, are appointed a Committee to consider what further measures it is expedient for this Society to adopt in relation to the Pharmacopœia, and report at the next meeting of the Counsellors.

A letter was read from the Secretary of the Censors of the Berkshire District. *Voted*, To refer the same to the Treasurer, Recording Secretary, and President, with directions to reply to it.

A special meeting of the Counsellors was held Wednesday, April 20th, 1831, at 11 o'clock, A. M. at the Society's room, Pearl Street.

The meeting having been opened, the President stated that he had called the meeting in consequence of an order of notice, which had been served on the Recording Secretary in relation to a petition of certain physicians of the County of Berkshire. The following is a copy of the petition and order of notice.

"*To the Honorable the Senate and House of Representatives of the State of Massachusetts.*

"The subscribers, Citizens and Physicians of the County of Berkshire, beg leave to state their grievances, and respectfully present their petition, viz.

"That they may be separated from the Massachusetts Medical Society, and be formed into a District Society, for the following reasons.

"1st. Our great distance from the meeting of the parent Society, by which we lose most of the advantages of a Medical Association, Library, Meeting, Funds, &c. as also a participation in their public entertainments.

"2d. That portion of the Medical Society denominated the Berkshire District, has evidently been in a state of declension for several years, and will, probably, soon be extinct; the reasons

for which are, that by far the greater proportion of the physicians in the District are disinclined to become members on account of the few privileges the members receive, and the unreasonable expenses connected with it.

"3d. In our present situation we cannot comply with the by-laws of the Society.

"4th. The present regulations of the Board of Censors we think oppressive.

"5th. We are nigh unto Medical Societies in adjacent States, whose privileges are far greater, and attended with much less expense.

"6th. If our petition be granted, this District would contain at least sixty active members, and believing, as we do, that among medical men a frequent interchange of sentiment, united efforts, publicity of facts and cases, &c. are necessary for the advancement of Medical science, and for the general good of the human family, and can in no way be more effectually encouraged than by Medical Associations, we, your petitioners, do hope and believe that the prayer of our petition may be granted, and as in duty bound will ever pray.

"H. H. CHILDS and forty others."

Pittsfield, Dec. 7th, 1830.

Commonwealth of Massachusetts, in House of Representatives, Feb. 12th, 1831.

On the petition aforesaid, ordered, that the petitioners cause an attested copy of their petition, with this order thereon, to be served on the Recording Secretary of the Massachusetts Medical Society, thirty days at least before the first Wednesday of the first session of the next General Court, that all persons interested may then appear and show cause (if any they have) why the prayer of said petition should not be granted.

Attest, P. W. WARREN, *Clerk.*

A true copy of the petition and order thereon.

Attest, P. W. WARREN, *Clerk.*

After the above had been read, it was

Voted, That the Petition and Order of Notice be referred to a Committee, to report to the Society at the annual meeting, and that the same Committee take into consideration any other subjects, which, in their opinion, may be connected with the matter of said petition.

The Committee consists of Drs. Hale, Wyman, Walker, Hayward, and Adams.

A stated meeting of the Counsellors was held Thursday, June 2d, 1831, at 10 o'clock, A. M. at the Athæneum Lecture room.

The records of the last meeting having been read, the following gentlemen were chosen Officers for the ensuing year, viz.

James Jackson, M. D. *President.*
Amos Holbrook, M. D. *Vice President.*
John Dixwell, M. D. *Corresponding Secretary.*
George Hayward, M. D. *Recording Secretary.*
Walter Channing, M. D. *Treasurer.*
Enoch Hale, Jr. M. D. *Librarian.*

CENSORS FOR THE FIRST DISTRICT AND FOR THE SOCIETY.

Drs. John Dixwell, Rufus Wyman, Walter Channing, George Hayward, Enoch Hale, Jr.

FOR THE SECOND DISTRICT.

Drs. John Green, Edward Flint, Benjamin F. Heywood, Charles W. Wilder, Gustavus D. Peck.

FOR THE THIRD DISTRICT.

Drs. Joseph H. Flint, Daniel Collins, Elisha Mather, Job Clark, Elihu Dwight.

FOR THE FOURTH DISTRICT.

Drs. William H. Tyler, Alfred Perry, Orren Wright, Royal Fowler, Robert Worthington.

The following gentlemen were chosen by ballot to act as Committees of Publication and on Resignations for the ensuing year, viz.

Drs. Jacob Bigelow, George Hayward, Enoch Hale, Jr. Committee of Publication.

Drs. Walter Channing, John Ware, Zabdiel B. Adams, Committee on Resignations.

The Reports on the state of the Treasury and Library were then read.

The Counsellors proceeded to choose by ballot a Fellow to deliver the next annual discourse.

Daniel Thurber, M. D. of Mendon, was chosen.

The Essex South District Society laid before the Counsellors their doings for the year past, also a Report from a Committee of their Society respecting a medical graduate of the Berkshire Medical Institution, and a medical graduate of Harvard University.

It was, therefore, *Voted*, That the Corresponding Secretary be directed to communicate so much of the Report as relates to the first individual to the Medical Faculty of the Berkshire Medical Institution, and what relates to the other to the Medical Faculty of Harvard University.

In consequence of the authority given to the Counsellors by the vote passed yesterday by the Society, respecting the admission of Licentiates and Doctors of Medicine in Harvavd University, it was

Voted, That any Licentiate of this Society or Doctor of Medicine in Harvard University, provided he sustains a good moral character, may become a Fellow of this Society on making application to the Counsellors in writing for that purpose.

The Committee appointed yesterday by the Society, on the resolution offered by Dr. Childs of Berkshire, made the following Report:

The Committee of the Massachusetts Medical Society, to whom was referred the resolution proposing an alteration in the by-laws of the Society, respectfully Report, That in the opinion

of the Committee the resolution ought not to be adopted in the form in which it was presented to the Society.

In order, however, to meet as far as may be the wishes of the gentlemen from Berkshire County, the Committee have agreed to propose, that it be recommended to the Society to remit the annual assessments to the Fellows of the County of Berkshire for one year, and as much longer as the Society may see fit.

NATHANIEL MILLER,

Boston, June 1, 1831. *for the Committee.*

Before any vote was taken, the following resolution was offered and adopted in place of the latter part of the Report, beginning with the words, " In order," &c.

Resolved, That a Committee be appointed to consider the expediency of paying over to the District Societies, which exist or may be formed within the four Censors Medical Districts, for the purpose of purchasing books to become the property of said District Societies, all sums received for licenses by the Boards of Censors of those Districts; and otherwise to consider what method may be adopted to encourage the formation and increase of District Societies.

The Report having been thus amended, was accepted, and Drs. Hale of Suffolk, Tyler of Berkshire, Miller of Norfolk, and Peirson and Hazeltine of Essex, were appointed on this Committee, with instructions to report at the stated meeting of the Counsellors, in February next.

Report was made of the proceedings of the first Board of Censors for the year, and ordered to be placed on file. No Report was received from the other Boards.

Voted, That the President and Recording Secretary have discretionary power to present the Memorial in relation to the Berkshire petition whenever they see occasion.

Voted, That the Librarian be authorised to deliver one copy of the Library of Practical Medicine to those Fellows who shall be hereafter admitted, on the payment of one dollar therefor.

Voted, That a Committee be appointed to take into consid-

eration the best manner of collecting the assessments of the Fellows of the Society.

Voted, That this Committee consist of Drs. Channing, Hale, and Z. B. Adams.

Voted, To dissolve the meeting.

The following gentlemen have been elected Honorary Members during the year, viz.

Drs. Nicholas Chervin, J. Civiale, Lisfranc and Prof. T. Delpech, France; Francis Boott, M. D. London; Alexander H. Stevens, M. D. and Cyrus Perkins, M. D. New York; Thomas Hubbard, M. D. New Haven, Con.; Reuben D. Mussey, M. D. Hanover; James H. Pierrepont, M. D. Portsmouth, and Matthias Spaulding, M. D. Amherst, N. H.; Thomas Fargues, M. D. and Dr. Le Tessiere, Quebec; Dr. J. Nelson and Dr. William Robertson, Montreal, Lower Canada; William Almon, M. D. Halifax, N. S.

Dr. Jacob Williams, of Groton, has been elected a Fellow.

The following gentlemen have been admitted in course, viz. Isaac P. Smith, M. D. Malden; Ivory H. Lucas, M. D. Sandwich; Ebenezer Dale, M. D. Gloucester; Gardner M. Peck, M. D. Foxborough; Henry Perkins, M. D. Newburyport; Joseph Osgood, M. D. Danvers; Ingalls Kittredge, Jr. M. D. Beverly; Augustus Torrey, M. D. do.; Charles G. Putnam, M. D. Salem; John G. Metcalf, M. D. Mendon; Benjamin Kittredge, M. D. Salem; Samuel Dodge, M. D. Wenham; Edward Frost, M. D. East Sudbury; Jonathan Leonard, Jr. M. D. Sandwich; Jonas A. Marshall, M. D. Fitchburg; Edward Dickinson, M. D. Northampton; Henry Bartlett, M. D. Roxbury; Charles Walker, M. D. Boston; William Workman, M. D. Shrewsbury; Benjamin Cutter, M. D. Woburn; Joseph F. Hill, M. D. East Cambridge.

The following gentlemen have had leave during the year to resign their fellowships, viz. Daniel Thurber, M. D. Mendon; and Benjamin Billings, M. D. Marshfield.

APPENDIX FOR 1832.

The Annual Meeting of the Fellows of the Massachusetts Medical Society was held this day, June 6th, 1832, at 10 o'clock, A. M. at the Athenæum Lecture Room, Pearl Street.

The records of the last meeting and those of the doings of the Counsellors during the year, having been read, it was

Voted, to choose eighty Counsellors for the ensuing year. Drs. McKean, John Flint and G. W. Otis of Boston, and J. O. Green of Lowell, Hooker of East Cambridge, and Bartlett of Concord, were appointed Scrutineers.

On counting the votes it appeared that the following gentlemen were chosen, viz.

For Suffolk.—Drs. William Ingalls, John Dixwell, James Jackson, Benjamin Shurtleff, John C. Warren, John Randall, George C. Shattuck, John B. Brown, Walter Channing, Jacob Bigelow, George Hayward, Enoch Hale, Jr., Solomon D. Townsend, Zabdiel B. Adams, John Ware, David Osgood, Edward Reynolds, John Homans.

For Essex.—Drs. Richard Hazeltine, Joseph Kittridge, Jeremiah Spofford, Abel L. Peirson, Andrew Nichols, Edward L. Coffin, Samuel Johnson, Thomas Manning, Richard S. Spofford, Calvin Briggs, Jonathan G. Johnson.

For Middlesex.—Drs. Amos Bancroft, Calvin Thomas, Rufus Wyman, Thomas Bucklin, John Walton, Abraham R. Thompson, Timothy Wellington, Zadock Howe, William J. Walker, John C. Dalton, Ephraim Buck, Josiah Bartlett.

For Worcester.—Drs. Stephen Bachelder, John Green, Edward Flint, Benjamin F. Heywood, Charles W. Wilder, Amos Parker, George Willard, Joseph Stone.

For Hampshire.—Drs. Joseph H. Flint, Alpheus F. Stone,

Stephen W. Williams, Levi W. Humphreys, Job Clark, Elisha Mather.

For Berkshire.—Drs. William H. Tyler, Henry H. Childs, Asa G. Welch, Robert Worthington, Alfred Perry, Hubbard Bartlett, Royal Fowler.

For Norfolk.—Drs. Amos Holbrook, Nathaniel Miller, John Bartlett, Samuel Bugbee, Robert Thaxter, Jeremy Stimpson, Ebenezer Alden.

For Plymouth.—Drs. Hector Orr, Cushing Otis, Nathan Hayward, Ezekiel Thaxter, Paul L. Nichols, Noah Whitman.

For Bristol.—Drs. Alexander Reed, Andrew Mackie, William C. Whittredge.

For Barnstable.—Drs. Joseph Sampson, Aaron Cornish.

The Treasurer made the following report on the state of the funds of the Society, viz.

PERMANENT FUND.

The Treasurer presents the following report on the state of the Permanent Fund of the Massachusetts Medical Society on January 1st, 1832.

This fund consists of two Policies of Insurance of the Massachusetts Hospital Life Insurance Company; in cash paid a Note of Hand of Henry W. Fuller, Esq.; the balance of said Note, and the Interest on the same.

The first Policy, No. 578, principal sum - -	$2,549 87
Interest to January 1st, 1832, - - -	458 87
The second Policy, No. 755, principal sum -	744 70
Interest to January 1st, 1832, - - -	84 94
Balance of H. W. Fuller's Note, - -	300 00
Cash in Treasury, part payment of Note and Interest, - - - - -	354 00
Amount of Permanent Fund, - - - -	$4,492 38

Errors Excepted.

Boston, June 6th, 1832.

WALTER CHANNING, *Treasurer.*

The Treasurer also reported that he had received, from balance of last account and from other sources, during the year the sum of - - - - - - $1,462 37

And that he had paid for the ordinary expenses of the Society, - - - - - $1,174 24

And that he had on hand to be carried to next account - - - - - - 288 13

$1,462 37

The following Report was then read;

Boston, June 4, 1832.

The subscribers, a Committee of the Counsellors of the Massachusetts Medical Society for examining the Treasurer's accounts, Report, that they have attended to the duty assigned them, and find the said accounts to be correctly cast and duly vouched.

JACOB BIGELOW,
GEORGE HAYWARD, } *Committee.*

Voted, to accept the above Reports.

Dr. Channing, from the Committee appointed to examine the Library, reported, that they found it in good order, and that the books, with a few exceptions, were in their places.

Voted, to accept the Report.

The President from the Committee appointed to revise the by-laws, reported the same in a new draft, which was read, discussed, and adopted by sections.

Voted, That the same Committee be directed to publish the by-laws as they were adopted, with a corrected list of the Officers and Fellows of the Society.

Dr. Fowler presented a Memorial from the Berkshire District Society, which, having been read, was referred to the Counsellors, to be considered at their meeting to-morrow.

Dr. Strong offered a resolution respecting the mode of distributing, annually, any surplus fund, after paying the ordinary expenses of the Society, that may be in the Treasury; which was also referred, at the suggestion of the mover, to the Counsellors.

A letter was read from Dr. Thurber, who was appointed to deliver the annual address, stating that he was prevented by illness from performing that duty.

The meeting continued till nearly three o'clock, when all the business having been completed, it was voted to dissolve the meeting; and the Fellows of the Society afterwards dined together at the Exchange Coffee House.

GEORGE HAYWARD,
Recording Secretary.

ABSTRACT OF THE PROCEEDINGS OF THE COUNSELLORS.

A stated meeting of the Counsellors was held this day, Wednesday, Oct. 5th, at 11 o'clock, A. M. at the Society's Room, Pearl Street.

A letter was read from Dr. Thurber, accepting the appointment to deliver the next annual discourse before the Society.

Dr. Bigelow from the Committee on the subject of the Pharmacopœia, reported that it is expedient for the Society to continue to use, for the present, the Pharmacopœia of the United States, published in 1820.

Voted, to accept the report.

A letter was read from the Dean of the Faculty of the Berkshire Medical Institution, in answer to a communication that had been made by the Corresponding Secretary respecting one of the graduates of that Institution.

Voted, to refer the letter to the Essex District Society.

An application was received from several Fellows of the Society in Hampshire county, for the formation of a District Society in that county.

Voted, that the prayer of the petitioners be granted, and that the charter of the Society be transmitted to Dr. Joseph H. Flint, of Northampton.

A letter in reply to a communication from the Corresponding Secretary was read from the Dean of the Medical Faculty of Harvard University, in which it was stated, that the statutes of the

University had been so far altered, that no gentleman is now admitted to an examination, for the degree of Doctor of Medicine, till he had arrived at the age of twenty-one years.

A letter was read from the Secretary of the Censors of the Berkshire District, and was referred to the Committee appointed at the last meeting on the subject of District Societies; and the Committee were instructed to report generally on allowing compensation to Censors.

On motion of Dr. Peirson, it was

Voted, That a copy of the publications of the Society which are now on hand, and those which may hereafter be published, be furnished to each of the District Medical Societies.

Voted, That the decision of the Counsellors respecting the Pharmacopœia be communicated to the Apothecaries.

Voted, That those persons whose applications for admission have been received by the Society, be allowed to subscribe the by-laws on application to the Recording Secretary, and that he be required to furnish a copy of the by-laws for the purpose.

A Committee consisting of Drs. Jackson, Peirson and Hayward was appointed to revise the by-laws and report at the next meeting.

A stated meeting of the Counsellors of the Massachusetts Medical Society was held this day, Feb. 7th, 1832, at 11 o'clock, A. M., at the Society's Room, Pearl Street.

The President, as chairman of the Committee on the revision of the by-laws, reported that much time and attention had been given to the subject, and asked a farther time to complete it: it was therefore

Voted, That when this meeting adjourn, it adjourn to the last Wednesday of April next, at 11 o'clock, A. M. to receive the report of the Committee.

Voted, That the Committee on the by-laws be authorised to employ some person, at the expense of the Society, to make an index of the by-laws of the Society, and the laws of the Commonwealth in relation to it.

The Committee on delinquencies reported, and closed their report by the following resolve, viz.

'*Resolved*, That a Committee of five be appointed to settle all accounts for assessments due to the Society, of more than two years' standing; with full powers to remit such parts of the assessments of those who are unable to pay the whole amount, as to them may seem most reasonable and proper; provided that application be made to them by the 1st day of June next.'

Voted, To accept the report.

Voted, That Drs. Channing, Hale, Homans, Ware and Peirson be this Committee.

The following preamble and resolutions were offered by Dr. Warren, and were unanimously adopted.

'Whereas the disease called Epidemic Spasmodic Cholera has prevailed in many parts of Europe, and may hereafter appear on this side of the Atlantic Ocean; so that it is expedient that the physicians of this country should be prepared to meet this disease; therefore

'*Resolved*, 1st. That a Committee of seven be chosen by the Counsellors of this Society, whose duty it shall be to investigate the history of this disease; and especially to ascertain the best mode of treating it; and carefully and without prejudice consider whether it be or be not a contagious disease.

2nd. That the sum of thirty dollars be appropriated to defray any such expenses for the purchase of books, as may be thought necessary by the Committee.

'3d. That this Committee be authorised to make public the result of their deliberations at the expense of the Society, at any period they may think most conducive to the public good.'

The following gentlemen were chosen on this Committee, viz. Drs. James Jackson, John C. Warren, and George Hayward of Boston, Alfred Perry of Stockbridge, John Green of Worcester, Rufus Wyman of Charlestown, and Abel L. Peirson of Salem.

A circular letter was read from the New York City and County Medical Society respecting some proposed changes in the method of conducting the examinations of candidates.

Voted, To refer the same to the Board of Censors of the first District.

Voted, That the Committee of Publication be instructed to publish a second volume of the Library of Practical Medicine on the same terms as last year.

The Committee on District Societies made a report, which was recommitted to the same Committee, with instruction to report at the adjourned meeting.

Voted, That Dr. Perry of Stockbridge be added to this Committee.

An adjourned meeting was held this day, April 25th, at 11 o'clock, A. M. at the Society's Room, Pearl Street.

The Counsellors resolved themselves into a Committee of the whole, Dr. Dixwell in the chair, to hear the report of the Committee on the by-laws. The report was read, discussed and amended, and finally adopted by the Committee.

The Counsellors afterwards voted to recommend the report as amended for the adoption of the Society.

The Committee on District Societies made the following report, which was accepted with an amendment; and some alteration in the by-laws being in consequence necessary, it was voted to refer the report to the Committee on the by-laws, to make the necessary alterations.

Voted, That Dr. Hale be added to the Committee on the by-laws.

The Committee of the Counsellors, appointed 'to consider the expediency of paying over to the District Societies, which exist or may be formed, within the four Censors' Medical Districts, for the purpose of purchasing books, to become the property of said District Societies, all sums received for licenses by the boards of Censors of those Districts; and otherwise to consider what methods may be adopted to encourage the formation and increase of District Societies,' respectfully report:

'That many of the general purposes for which the Massachu-

setts Medical Society was instituted, in regard to the establishment of an elevated standard of professional education, and a correct professional deportment, are either already accomplished, or in such a train of accomplishment, as to require little from the Society but a steady perseverance in the course of measures already begun. It becomes the duty of the Society, therefore, to inquire by what further means they can more effectually contribute to the advancement of medical knowledge and improvement in the commonwealth. In addition to the course of publications already begun, the Committee know of nothing which seems to them better adapted to this purpose than to aid in the formation and efficient operation of District Medical Societies.

'Some of the objects which this Society aims at, can be effected completely only through the medium of its District Societies. The benefits derived from the interchange of liberal feelings and the communication of professional knowledge, at the meetings of the Society, cannot be enjoyed by those whose remote situation deters them from attending those meetings; and a meeting only once a year is too unfrequent for the full attainment of all the benefits which in smaller societies may be gained from meeting at shorter intervals. Still more impracticable is it for the distant Fellows of the Society to share equally in the advantages of a library: and therefore the library of this society has never been enlarged at the expense of its funds. But if libraries were provided in compact districts, so as to be easily accessible to all the Fellows in every part of the State, it cannot be doubted that the greatest good would be derived from them.

'The organization of the Society into District Societies, which was contemplated by the act of incorporation of 1803, and provided for in the first section of the fifth chapter of the by-laws, has been very imperfectly carried into effect. The charter which the act of incorporation enables the Society to grant to the District Societies is very ample; and conveys to them the power "to purchase and receive by donation, books, philosophical and chirurgical instruments, or other personal property, and to hold and dispose of the same, exclusive of any authority of the general

Society." They are also enabled by means of this charter to elect their own officers, appoint meetings, assess their own members for their own benefit, import books and instruments free of duty, and in short have nearly every privilege which any library or scientific institution enjoys as a corporation. Some of the advantages of District Societies have already been alluded to. They afford the best opportunities to physicians residing within a convenient distance of each other, to meet for the purpose of medical improvement, by the communication of cases, the exhibition of morbid preparations and the discussion of medical questions. An inducement is thus held out to the members to furnish communications upon diseases and the operation of remedies, reports upon endemic diseases occurring within the district, biographical memoirs of deceased physicians, bills of mortality, meteorological diaries, and other statistical details. The by-laws have already provided for the transmission of the more valuable communications to the corresponding secretary of this Society, so that those which are worthy of publication may appear in the Society's transactions.

'The local Societies are able to exert a useful surveillance upon the conduct of Fellows of the Society, and in consequence, instances of mal-practice and unprofessional conduct, whenever they occur, will be more faithfully reported to the general society. At the same time, the quarterly or monthly meetings of the District Societies will promote social intercourse and mutual respect among the Fellows, and thus prevent much of the jealousy and contention, which have brought so much reproach and dishonor upon the profession.

'Some advantages may also accrue to the general society from the operation of efficient District Societies, in return for the privileges which shall be conferred upon them. The collection of the assessments from the distant Fellows, and the distribution of the publications to them, have always been attended by no small embarrassment and expense. These duties might be performed by the District Societies.

'Having come to the opinion that it is expedient and proper for

this society to give farther encouragement to the formation and efficiency of District Societies, the committee have next inquired by what means the proposed aid can best be afforded. And it is their opinion that it is not expedient to appropriate for this purpose the money received for licences, as proposed in the resolution on which this Committee was appointed; since another plan has appeared to them to be more practicable.

'The Committee therefore respectfully recommend, that every District Medical Society which will by its own officers distribute among its members the publications of the Society, and will punctually collect and pay over to the Treasurer of this Society the annual assessments of its members, shall be allowed to retain one third part of the amount of these assessments, to be appropriated solely to the purchase of books for a library to be the property of the District Society; and shall also receive as a loan, to be used as a part of the District Library, but liable to be recalled whenever the Counsellors shall require it, sixty volumes from the Library of the Society; it being distinctly understood, in regard to both these grants, that they shall be continued only so long as the engagements of the District Society are punctually performed.

'The Committee believe that if the Treasurers of the several District Societies will be punctual in collecting and paying over the assessments of their members, the treasury of the Society will admit of so large an appropriation for their benefit, without endangering the abandonment of any of the other important objects of the Society. In order to ensure promptness and punctuality in the payment of the assessments, the Committee suggest the adoption of the following plan.

'1. That it be the duty of the Secretary of each District Society to transmit annually to the Recording Secretary a list of its officers, immediately after each election.

'2. That it be the duty of the Treasurer of the Society in the month of May annually, to transmit to the Treasurer of each District Society a list of all assessments which will be due from the members of said District Society on the first Wednesday of June following, with authority to collect the same, and to charge the

amount thereof to him as a matter of debt, to be discharged either by payment, (deducting the proportion allowed to the District Society,) or by a return of delinquents as hereafter provided.

'3. That it be the duty of the Treasurer of each District Society to collect the assessments within his District as soon as may be after the first Wednesday of June annually; and if any remain unpaid after the first day of January following, that they be reported as delinquents to the Treasurer of the Society, who shall take prompt measures to enforce the payment; unless there shall in his opinion be sufficient reason for referring the case of any Fellow to the Counsellors for a remission of his assessment. And no part of the sums thus collected by the Treasurer of this Society shall accrue to the District Society.

'4. That the Treasurer of each District Society make a full return on or before the first day of February annually, of all the assessments on his list to the Treasurer of the Society, with the condition of each, whether paid or unpaid; and also transmit two thirds of the amount of the assessments collected by him, reserving one third for the use of the District Society.

'In case any Treasurer of a District Society shall neglect to make his return, as herein provided, he shall be liable to be proceeded against according to law for the amount of the whole assessments charged to him on his list; provided the same shall not exceed the sum of twenty pounds; and if it should exceed that sum then he shall be liable for that sum and no more.

'In order to carry into effect the plan now proposed, the Committee recommend the adoption of the following resolutions.

E. HALE, Jr.

For the Committee.

Boston, Feb. 1, 1832.

'*Resolved,* That it is expedient to allow to each District Medical Society, which shall, by an express vote to that effect, agree to distribute the publications of this Society to its members, and to collect as far as practicable, and pay over to the Treasurer of this Society the assessments due from its members, one third part of the amount so collected, to be appropriated for the purchase of

books for the library of said District Society, subject to such restrictions as shall be provided, to ensure the punctual and faithful performance of such engagements.

'*Resolved*, That to each District Medical Society, which shall engage as aforesaid, there shall be loaned not exceeding sixty volumes from the library of this society, to be used as a part of the Library of the District Society, but to remain the property of this Society, and liable to be recalled whenever the Counsellors shall deem it necessary or expedient.

'*Resolved*, That the Committee on the by-laws prepare suitable alterations of the by-laws to be laid before the Society at the next annual meeting, for carrying the preceding resolutions into effect, and to provide for the prompt enforcement of the obligations, contemplated in them.'

The Committee to whom the preceding Report was referred, at the last meeting of the Counsellors, have again had the same under consideration, and respectfully report,

'That they do not see reason to propose any modification of the plan presented in the Report. It has, however, been represented to the Committee, that in one of the Medical Districts, the duty of the Censors is regarded as burdensome, in consequence of the expenses involved in attending the meetings. It appears to the Committee, that while it is the duty of all the Fellows of the Society to give such portions of their time as an attention to the interests of the Society may require, without any other remuneration than the honor which results from a faithful discharge of such offices as are entrusted to them, yet the Society ought not to require its Fellows to incur burdensome expenses in its service. A remuneration of the amount of the necessary expenses of the Censors seems to the Committee to be reasonable; but they have not been able to devise any plan by which this could be done precisely, that would not be liable to produce much practical inconvenience, and perhaps inequality. They have therefore thought it better to recommend that a fixed sum, the sum of two dollars, be paid to each Censor for each day's attendance upon the meet-

ings of the Board of Censors. And they would also propose that this recommendation be referred to the Committee on the by-laws to frame a suitable by-law in conformity to it.

E. HALE, Jr.

For the Committee.

Boston, April 25, 1832.

A stated meeting of the Counsellors was held at the Society's Room, June 7, 1832, at ten o'clock. After the records of the last meeting had been read,

Reports of the Censors for the First and Second Medical Districts were presented and read.

Reports were also read from the Essex South District Medical Society, Worcester District Society and the Hampshire District Society.

A letter was received from Amos Holbrook, M. D. Vice-President of the Society, asking leave to resign Fellowship, which was granted.

Voted, To proceed to the election of Officers for the year ensuing.

Drs. Stimpson, Homans and Spofford of Newburyport, were appointed Scrutineers.

The following Officers were elected, viz.

John C. Warren, M. D. *President*, vice Dr. Jackson declined.

John Dixwell, M. D. *Vice-President*, vice Dr. Holbrook retired.

George Hayward, M. D. *Cor. Secretary.*

Enoch Hale, Jr. M. D. *Rec. Secretary.*

Walter Channing, M. D. *Treasurer.*

David Osgood, M. D. *Librarian.*

CENSORS FOR THE FIRST DISTRICT.

Drs. W. Channing, G. Hayward, E. Hale, Jr. John Homans, Wm. J. Walker.

CENSORS FOR THE SECOND DISTRICT.

Drs. John Green, Benjamin F. Heywood, Edward Flint, Charles W. Wilder, Gustavus D. Peck.

CENSORS FOR THE THIRD DISTRICT.

Drs. Joseph H. Flint, Elisha Mather, Atherton Clark, Edward Dickinson, David Bemis.

CENSORS FOR THE FOURTH DISTRICT.

Drs. Wm. H. Tyler, Alfred Perry, Orren Wright, Robert Worthington, Asa G. Welch.

Drs. Bigelow, Hayward and Hale, Committee on Publications.

Drs. Channing, Ware, and Z. B. Adams, Committee on Resignations.

The Treasurer's report, with the report of the Auditing Committee thereon, was read and accepted.

The report of the Committee on the Library was read and accepted.

The Committee appointed to settle the accounts of Fellows of the Society, of more than two years' standing, made the following report, which was read and accepted.

'*Report of the Committee appointed to settle the Accounts of Fellows of the Society, of more than two years' standing.*

'The Committee respectfully report, that they have sent a circular to one hundred and thirteen Fellows of the Society, whose accounts came within the time above specified, and that they have received thirty answers. The Committee cannot withhold an expression of the great pleasure they have derived from all the answers from those who were Fellows of the Society. The circulars in two or three instances were sent to individuals whose names were on the books of the Treasurer, but who though elected, or admitted, have, as they state, never accepted the Fellowship of the Society. This has since been noted against their names.

The amount received in consequence of the circulars, is one hundred and seventy-two dollars, fifty cents.

WALTER CHANNING,
For the Committee.

Boston, June 6, 1832.

Voted, That the thanks of the Counsellors be presented to James Jackson, M. D., for his able and very useful services dur-

ing the period in which he has officiated as President of the Society.

Voted, That the thanks of the Counsellors be presented to Amos Holbrook, M. D., late Vice-President of the Society, for his punctual and faithful performance of the duties of that office.

Jacob Bigelow, M. D., was elected by ballot to read the discourse at the next annual meeting of the Society.

The Censors for the first District, to whom was referred the Circular from the Medical Society of the city and county of New York, made the following report, which was read and accepted.

CIRCULAR

'*To the Medical Societies, Faculties, and Colleges in the United States.**

'The Medical Society of the City and County of New-York have appointed the undersigned a Committee to correspond with the different Faculties and Societies of Medicine in the United States on the subject of examinations for License to practice Physic and Surgery.

'The Committee in obedience to their instructions, beg leave respectfully to suggest the following propositions, viz :—

'1. Public safety and the true honor of the Medical profession demand, that Diplomas granted as Licenses should be good vouchers for the possession of plenary knowledge :

'2. Diplomas, to be good vouchers, must be granted on plenary and impartial examinations; and, to be universally accredited as such, they should be granted on examinations which have been so conducted, as to preclude all possibility of corruption; wherefore,

'3. A rule touching the method of examining should be established by law and custom, which should awaken all self-respect in the examiner, and assure the candidate and the public of the open justice of the trial :

'* It is hoped that the individual members of the profession, and literary gentlemen not connected with the profession, throughout our country, will take a deep interest in the success of this undertaking.'

'4. The Society of New-York are of opinion, that these objects would be accomplished by the following RULE, which they have adopted:—"*The questions and answers of the examination to be recorded, verbatim, in a book appropriated to such use; and (to secure the purity of the record) the examination to be conducted entirely in public.*"

'5. It is thought that the oblique influences of pupilage, consanguinity, medical politics, &c. will be entirely counteracted by the adoption of such a rule; that students will be careful to qualify themselves for their very responsible calling, by increased devotion to the essential departments of Medicine and Surgery—the clinical and operative; that being better qualified, and being perfectly assured of a fair, honorable and practical examination, the candidate will have less of that undefined dread of the final trial, which so much depresses him during the whole course of his studies; and that the whole profession will rapidly rise in public estimation.

'6. To the rule it may be objected, that the examinations will very soon assume a tautology of form; but the Committee are of opinion that the board of examiners will be urged quite in a contrary course, by the presence of their peers in the profession, and by the presumption that their records will meet subsequent inspection and comparison; and to fortify this check, the Committee propose, that the Board of Censors write their respective votes at the foot of each record of examination.

'The Committee regard a uniformity of usage in examinations as a very great desideratum; and they respectfully solicit an early reply to this communication, in the hope of being able to lay before the Society a fair prospect of its speedy accomplishment.

JOHN F. GRAY, M. D.
DANIEL L. M. PEIXOTTO, M. D.
H. B. GRAM, M. D.
WM. JAMES MACNEVEN, M. D.
FELIX PASCALIS, M. D.

New-York, Oct. 22d, 1831.

'*Report of the Censors.*

'The Circular of the Medical Society of the City and County of New-York on the subject of the examinations of candidates for the practice of Physic and Surgery, having been committed by the Counsellors of the Massachusetts Medical Society to the Censors of the Society at large and for the first Medical District, they ask leave to respectfully report,

'That it gives them great pleasure to perceive that the Medical Society of New-York is making exertions to secure a good education for those to whom the health and lives of their fellow-men are to be confided, and that with this view its attention has been directed to the subject of examinations. The Censors highly appreciate the object which is aimed at. It has arrested the attention of the Massachusetts Medical Society from its first organization in the year 1781; and it is believed that much has been done to bring the system of examinations to a state of uniformity and exactness, so far as is consistent with the nature of the subject and of the several bodies to whom it is intrusted.

'The Massachusetts Medical Society has considered it of primary importance to point out the mode of education during medical pupilage, and the preparatory education necessary for commencing it. The laws of the Society designate the description of Physicians with whom pupils shall study, the books they shall read, and the time they shall occupy in their medical education. Regulations have, likewise, been established for the government of all the boards of Censors within the Commonwealth, forbidding them to proceed in the examination of any candidate who shall present himself for that purpose, unless they shall have satisfactory evidence that he had received such a preparatory education, and had diligently occupied as much time in the study of medicine and in practical observation as is required by the laws of the Society. It is to be apprehended, that there is more danger of evasion on these points, than that there will be a want of fidelity or intelligence on the part of the examiners in ascertaining the proficiency the candidate has made in his professional studies, so

far as it can be determined by questions and answers during examination. It is often difficult to decide on the merits of a candidate, and in this case a liberal confidence should be placed in such men as a learned Society may see fit to select for the performance of the duty.

'The Censors would be happy to recommend the adoption of any measures which, in their opinion, would have a tendency to promote the important object which the Medical Society of New-York has in view. They fully accord with its committee in the opinion that the "Public safety and the true honor of the medical profession demand that diplomas granted as licenses should be good vouchers for the possession of plenary knowledge," and they will venture to say, that this is nowhere more truly the case than in Massachusetts; and they believe that it is to be attributed, in a great measure, to the rigid regulations adopted by the Massachusetts Medical Society, with regard to the education and examination of Medical pupils; and to the close and thorough investigation of the grounds upon which diplomas have been granted by the several Medical Institutions, when they are presented to the Censors as evidence of the qualifications of a candidate for license, these regulations being sanctioned and enforced by the laws of the Commonwealth.

'The Censors cannot perceive that so much good is likely to result from making examinations public and from written questions and answers, and from recording the same, as the Medical Society of New-York seems to expect, neither do they believe, that the system would result in such benefit to the community as would in any degree compensate for the extra labor and inconvenience that would attend it. On the contrary, they are of opinion, that it would have a tendency to shackle the examiners and embarrass the candidate, and more especially so, if any doubt should arise in the minds of the examiners with regard to the qualifications of the candidate.

'The duty of examiners is arduous, and it should not be made more burdensome than is necessary for the faithful performance of it. On the other hand much care should be taken that no im-

pediment should be placed in the way of the candidate which would be likely to embarrass him, so as to prevent his making a fair exhibition of his acquirements. Every person of sensibility must be aware that, even in a private examination, the situation of the candidate is irksome under the most favorable circumstances, for his mind must be in some degree oppressed with the importance of the result to himself; and it is not probable that making the examination public would have a tendency to lessen his embarrassment, and it would certainly make it a much more painful task on the part of the examiners to withhold their approbation and license, should they think such a procedure necessary.

'Finally, the Censors see no sufficient reason to induce them to recommend such a departure from the system of examinations established by the Massachusetts Medical Society, as the proposal of the New-York Medical Society requires.

'Respectfully submitted by order of the Censors.

JOHN DIXWELL, *Chairman.*'

Boston, June 7, 1832.

Voted, That a Committee be appointed to revise the List of Books to be read by the candidates for License agreeably to the Act of Incorporation. Drs. Hayward, Hale and Peirson were appointed.

A petition from the Hampshire District Medical Society, which was presented at the last adjourned meeting and referred to this meeting, praying for an allowance of one half of the assessments paid by those Fellows who are members of that Society, and for a loan of books from the Library, was read. Dr. Hale then read a letter from the President of that District Society, communicating a vote of said Society authorising and requesting him, in case the by-laws on the subject of the District Societies which had been proposed by a Committee should have been adopted by the Society, to ask leave to withdraw the petition. Leave was granted accordingly and the petition was withdrawn.

Voted, That the Librarian be authorised to sell one copy of the Library of Practical Medicine to each Fellow of the Society

who has been admitted subsequently to the time at which he would have been entitled to it, at one dollar per volume.

Voted, That the subject of the mode of distributing the Publications of the Society be referred to the Committee on Publications.

The Memorial of the Berkshire District Medical Society, which was referred by the Society to the Counsellors, was read and considered. Dr. Fowler of Stockbridge offered the following Resolution.

That the Counsellors recommend to the Society, that the Berkshire District Medical Society be permitted to retain annually for five years, two thirds of the amount of assessments paid by the members of that District Society, on condition that said District Society vote to comply with the provisions of the forty-fourth by-law, and also to relinquish their claim to the sixty volumes belonging to the Library of the Society, to which by the by-laws they might be entitled. After a full discussion the question was taken on the resolution and decided in the negative.

The resolution, referred by the Society to the Counsellors for consideration, proposing to divide annually among the District Societies all moneys that may remain in the Treasurer's hands after the general expenses of the Society are paid, was taken up, and on motion, the further consideration thereof was indefinitely postponed.

Fifty-seven gentlemen have been admitted to fellowship during the year. As their names are included in the list of fellows now published with the revised edition of the By-laws, they are omitted here.

M. de Ferman of Paris has been elected honorary member of the Society during the year.

The following gentlemen have had leave to resign fellowship. Drs. Henry Gardiner, Charlestown; Benjamin Drury, Spencer; Moses Kidder, Townsend; Cushing Otis, Scituate; Silas Marshall, Templeton; Oliver Hubbard, Salem; Jacob Gates, Boston; Job Clark, Westfield; Abishai Howard, Sturbridge; Luther Allen, Sterling. Dr. Daniel Collins, Williamsburgh, has withdrawn from the Society.

APPENDIX FOR 1833.

PROCEEDINGS OF THE SOCIETY.

The Annual Meeting of the Fellows of the Massachusetts Medical Society was held on the 5th day of June, 1833, at 10 o'clock, A. M. at the Lecture Room of the Athenæum.

The Recording Secretary read the record of the last meeting of the Society, and the records of the proceedings of the Counsellors during the past year; and also, reported the names of those who had become Fellows since the last Annual Meeting; —no Honorary Members having been elected.

Voted, To proceed to the election of Counsellors for the year ensuing.

Drs. Green of Worcester, Stimpson of Dedham, Lewis of Boston, Bartlett of Concord, and Spofford of Newburyport, were appointed a Committee of Scrutiners.

Voted, That the following number of Counsellors be elected in each Department, viz.

In the First Department, 18; Second Department, 11; Third Department, 12; Fourth Department, 8; Fifth Department, 6; Sixth Department, 7; Seventh Department, 7; Eighth Department, 6; Ninth Department, 3; Tenth Department, 4.

The following Gentlemen were elected in the several Departments.

First Department; Suffolk County. Drs. William Ingalls, John Dixwell, James Jackson, Benjamin Shurtleff, John C. Warren, John Randall, George C. Shattuck, John B. Brown, Walter Channing, Jacob Bigelow, George Hayward, Enoch Hale, Solomon D. Townsend, John Ware, Zabdiel B. Adams, David Osgood, Edward Reynolds, John Homans.

Second Department ; Essex. Drs. Richard Hazeltine, Joseph Kittredge, Jeremiah Spofford, Abel L. Pierson, Andrew Nichols, Edward L. Coffin, Samuel Johnson, Thomas Manning, Richard S. Spofford, Calvin Briggs, Rufus Longley.

Third Department; Middlesex. Drs. Amos Bancroft, Calvin Thomas, Rufus Wyman, Thomas Bucklin, John Walton, Abraham R. Thompson, Timothy Wellington, Zadock Howe, William J. Walker, John C. Dalton, Ephraim Buck, Josiah Bartlett.

Fourth Department; Worcester. Drs. Stephen Batchelder, John Green, Edward Flint, Benjamin F. Heywood, Charles W. Wilder, Amos Parker, George Willard, Gustavus D. Peck.

Fifth Department; Hampshire. Drs. Joseph H. Flint, Alpheus F. Stone, Stephen W. Williams, Levi W. Humphreys, Elisha Mather, Bela B. Jones.

Sixth Department; Berkshire. Drs. William H. Tyler, Henry H. Childs, Asa G. Welch, Royal Fowler, Robert Worthington, Alfred Perry, Hubbard Bartlett.

Seventh Department; Norfolk. Drs. Nathaniel Miller, John Bartlett, Samuel Bugbee, Robert Thaxter, Jeremy Stimpson, Ebenezer Alden, Noah Fifield.

Eight Department; Plymouth. Drs. Hector Orr, Nathan Hayward, Ezekiel Thaxter, Paul L. Nichols, Noah Whitman, Charles Macomber.

Ninth Department; Bristol. Drs. Alexander Read, William C. Whittredge, Andrew Mackie.

Tenth Department; Barnstable. Drs. Joseph Sampson, Aaron Cornish, Paul Swift, Jonathan Leonard, Jr.

The Treasurer presented his Annual Report of the state of the Treasury; from which it appeared that in June 1832, there was a balance on hand of $288.13

That he had since received,

For Assessments of Fellows, . .	902.00	
From the Secretary of the Censors for the First District, ...	138.00	
		$1040.00
Total.		$1328.13

The payments of the year had amounted to 1070.26

Leaving a balance in the Treasury, of . . $257.87

The Report of the Treasurer on the permanent fund, was also read, as follows:

"The Treasurer presents the following Report of the state of the permanent fund of the Society, to December 31, 1832.

1. Policy No. 578, in the Mass. Hospital Life Insurance Company; Principal Sum, . . $2549.87
   Accumulation of Do. to Dec. 31, 1832. 3153.16
2. Policy No. 755, Principal Sum, . 744.70
   Accumulation of Do. as above, 869.46
3. Cash in Treasurer's hands, due Permanent Fund 700.87

$4723,49

Errors Excepted.

(*Signed*) WALTER CHANNING, *Treasurer.*

Boston, June 5th, 1833."

"The Committee appointed to audit the accounts of the Treasurer have attended to the duty assigned them, and find the accounts correctly cast and duly vouched.

WILLIAM INGALLS.
J. B. BROWN."

Voted, That the Reports on the state of the Treasury be accepted.

The following Report on the Library was read and accepted.

Boston, May 29th, 1833.

The Committee appointed to examine the Library, Report that they found it in good order, and the books in their proper places, with the exception of those already loaned.

(*Signed*) EDWARD REYNOLDS,
D. OSGOOD."

The Committee on Publications, to whom the resolutions of the Society, passed at the last Annual Meeting, respecting the mode of distributing the publications, had been referred by

the Counsellors, made their Report; That since the provisions of the By-laws for the distribution of the publications by the District Societies, had been already adopted by several of the Districts, and probably would soon be by all, it was, in the opinion of the Committee, unnecessary to make any further provision on the subject. The Report was accepted.

Voted, To adopt the recommendation of the Counsellors contained in their vote passed in October last, and amend the By-laws of the Society, by prefixing to the second paragraph of the second By-law, the words, "The Counsellors shall be elected from among the Fellows of the Society."

The President stated, that in consequence of the absence of Dr. Bigelow, who had been appointed by the Counsellors to read the Annual Discourse, he had, in conformity to the requisition of the By-laws, with the concurrence of five Counsellors, appointed Dr. Channing to perform that office on the present occasion.

At one o'clock, P. M. the Annual Discourse was read by Dr. Channing, on *Irritable Uterus*.

After the discourse, it was

Voted, That the thanks of the Society be presented to Dr. Channing for his learned, interesting, and excellent discourse, read before the Society this day.

The business of the Society being all completed, it was then voted, that the meeting be dissolved.

One hundred and ninety-six Fellows of the Society then proceeded to the Exchange Coffee House, and dined together.

E. HALE, Jr. *Recording Secretary.*

ABSTRACT OF THE PROCEEDINGS OF THE COUNSELLORS.

A meeting of the Counsellors of the Massachusetts Medical Society, was held at the Society's Room in Boston, October 3d, 1833, at eleven o'clock.

The Records of the last meeting were read.

The Corresponding Secretary reported the names of those who had signified their acceptance of Fellowship, since the last

meeting of the Counsellors; and also the names of those who had become Fellows by signing the By-laws, in conformity with the amended By-laws adopted at the last Annual Meeting of the Society.

N. B. The names of all the gentlemen who have become Fellows since the publication of the last year, will be found together at the end of this appendix.

The Corresponding Secretary read a letter from Dr. Bigelow, declaring his acceptance of the appointment to read the next Annual Discourse.

A communication from the Secretary of the Censors for the first District, with a report of the organization of that Board, was presented and read.

The Committee appointed to revise the list of books to be read by candidates for license, made their Report, which was amended and accepted.

The amended list of books is published with this appendix.

Voted, That the Committee on publications be authorized to prepare and publish a third volume of the Library of Practical Medicine, provided that the expense shall not exceed 600 dollars; to be distributed to the Fellows of the Society at the next Annual Meeting, on the same terms as were fixed for the first volume, by the vote passed February 1st, 1831.

A report of a Committee of the Essex Southern District Medical Society, on the Communication of the Faculty of the Berkshire Medical Institution, and by that Society ordered to be transmitted to the Corresponding Secretary, was read; and thereupon it was

Voted, That the Report, together with all the papers on the subject, be referred to a Committee; to consider if it be proper for the Counsellors to take any order thereon. Drs. Jackson, Dixwell, and Townsend were appointed the Committee.

Voted, That the Secretaries of the several District Societies be requested to give notice in their Annual Reports of any changes which may have occurred during the year, among the Fellows of their respective Districts, by death or removal.

Voted, That the Counsellors recommend to the Society, at

their next Annual Meeting, to pass a By-law, providing that no person shall be eligible to the office of Counsellor, unless he be a Fellow of the Society.

Voted, That a Committee be appointed to consider the expediency of taking measures to collect accurate information respecting the late Epidemic within this Commonwealth, with authority to carry such measures into effect, if they shall deem it expedient. The President, and Drs. Hayward and Hale, were appointed the Committee.

Voted, That this meeting be dissolved.

FEBRUARY MEETING.

Boston, February 6, 1833.

A stated meeting of the Counsellors of the Massachusetts Medical Society was this day held at the Society's Room in Pearl St.

The Records of the last meeting having been read, the Corresponding Secretary reported the names of those gentlemen who had signed the By-laws, and thus become Fellows since the last meeting.

The Annual Report of the Worcester District Medical Society, and also the Report of the Censors for the second Medical District, were presented, and read.

A letter was read from the Secretary of the Hampshire District Medical Society, communicating the fact that that District Society had voted to agree to distribute the publications of the Massachusetts Medical Society, and to collect, as far as practicable, the assessments of Fellows belonging to said District, agreeably to the provisions of the forty-fourth By-law.

Voted, That a Committee be appointed to designate the books to be delivered to the several District Medical Societies, as they may become entitled to them under the provisions of the forty-fourth and forty-fifth By-laws of the Society. Drs. Osgood, Z. B. Adams, and Townsend were appointed the Committee.

The Committee appointed at the last meeting of the Counsellors, to consider the expediency of taking measures to obtain information respecting the late Epidemic in this Commonwealth,

made a report of their proceedings, and asked for further time to complete the objects of their appointment. *Voted*, That the Report be accepted, and that it be published in the newspapers.

The Committee to whom was referred the Reply of the Essex Southern District Medical Society to the communication of the Berkshire Medical Institution; to whom was also referred all the papers on the subject, with instructions to consider whether it be proper for the Counsellors to take any order thereon,—Reported, that having carefully examined the papers referred to their consideration, they are of opinion that no further order on the part of the Counsellors is proper, in relation to the subject of these papers.

Voted, That the Report be accepted.

Drs. Ingalls and Brown were appointed a Committee to examine the Treasurer's accounts; and Drs. Walker and Reynolds a Committee to examine the Library.

Voted, That a Committee be appointed to consider the practicability and expediency of any measures to procure a permanent building for the Society. The President, and Drs. Jackson and Hayward were appointed the Committee.

Voted, That this meeting be dissolved.

JUNE MEETING.

A stated meeting of the Counsellors of the Massachusetts Medical Society was held on the 6th day of June 1833, at the Society's Room, at ten o'clock A. M.

The Records of the last meeting were read.

Voted, To proceed to the election of officers.

Drs. Walton of Pepperell, and Alden of Randolph were appointed Scrutiners.

The following gentlemen were chosen to the several offices.

JOHN C. WARREN, M. D. *President.*
John Dixwell, M. D. *Vice President.*
George Hayward, M. D. *Corresponding Secretary.*
Enoch Hale, Jr. M. D. *Recording Secretary.*
Walter Channing, M. D. *Treasurer.*
David Osgood, M. D. *Librarian.*

Censors for the First Medical District.

Walter Channing, M. D. George Hayward, M. D. John Homans, M. D. William J. Walker, M. D. Abel L. Peirson, M. D.

Censors for the Second District.

John Green, M. D. Benjamin F. Heywood, M. D. Edward Flint, M. D. Charles W. Wilder, M. D. Gustavus D. Peck, M. D.

Censors for the Third District.

Joseph H. Flint, M. D. Elisha Mather, M. D. Atherton Clark, M. D. David Bemis, M. D. Dr. Bela B. Jones.

Censors of the Fourth Distrct.

William H. Tyler, M. D. Alfred Perry, M. D. Oren Wright, M. D. Robert Worthington, M. D. Dr. Asa G. Welch.

Drs. Hayward, Hale, and Ware, Committee of Publication.

Drs. Channing, Z. B. Adams, and Townsend, Committee on Resignations.

Zadock Howe, M. D., of Billerica, was chosen by ballot to read the next Annual Discourse.

The President informed the Counsellors that he had received a box of Books from the Executors of the late Francis Vergnies, M. D. of Newburyport, a bequest from him to the Society. Also a donation of the *Flora Medicale* in eight volumes, by James H. Pierrepont, M. D. of Portsmouth; also Clarke on Climate, Howship's Hunterian Oration, and Philosophia delle Arte Medica, by Gregorio Ricardi ;—each presented to the Society by the several authors.

The Vice-President stated, that he had received from Francis Boott, M. D. of London, a copy of his "Life and Opinions of John Armstrong,"—a donation from the author, to the Society.

Voted, That the thanks of the Society be presented to the executors of Dr. Vergnies, to James H. Pierrepont, M. D.

and to the several authors of the above mentioned works, for their donations.

The Corresponding Secretary communicated a letter from Ezra Starkweather, M. D. of Worthington, a retired Member, in answer to the circular letter of the Committee appointed to collect information respecting the late Epidemic, and enclosing a donation to the Society's treasury, whereupon it was

Voted, That the Corresponding Secretary be directed to assure Dr. Starkweather of the grateful sense which the Fellows of the Society entertain for his kind feelings towards them, as expressed on a recent and former occasion.

The Report of the Censors for the first Medical District; and the Report of the Essex Southern District Medical Society, were read.

The Corresponding Secretary reported the names of those who have become Fellows since the last meeting.

The Reports of the Treasurer, and of the Auditing Committee were also read.

It was announced to the Counsellors that John D. Treadwell, M. D. of Salem, had deceased suddenly this morning; whereupon it was

1st. *Resolved*, That the Counsellors receive this mournful intelligence with feelings of profound grief.

2d. That they entertain sentiments of great respect for the character, talents and professional learning of their late associate, and a high sense of his services to this Society; especially in its renovation in the year 1803.

3d. That they sympathise very sincerely with the family, and the extensive circle of friends and patients, who were most justly attached to our late associate.

Voted, That a copy of these resolves be transmitted, by the Corresponding Secretary, to John G. Treadwell, M. D. the son of the deceased.

The President stated, that a gentleman of distinguished character, not of the Medical profession, but to whom the profession were under peculiar obligations, (John Brazier Davis, Esq.) had died since the last meeting of the Counsellors. Whereupon it was

Resolved, That the Counsellors of the Massachusetts Medical Society entertain a grateful sense of the services of the late John Brazier Davis, Esq. of Boston, in aiding the Society in promoting the legalization of the study of Anatomy, and thus effecting an important change in the State of Medical Science.

Voted, That a copy of this Resolution be transmitted to the friends of the late Mr. Davis.

The Committee, appointed to obtain information respecting the late Epidemic in this Commonwealth,—*Reported*, That a Circular had been sent to every Fellow and retired Member of the Society; and that answers had been received from thirty-six gentlemen, a list of which was presented, together with the answers on file.

Voted, That a Committee be appointed to continue their attention to the subject. The President and Drs. Hayward and Hale, were reappointed a Committee for this purpose.

Voted, That the Librarian be authorized to sell to those Fellows of the Society who may have been admitted, or elected subsequently to the time of publication of each volume, one copy each of the Library of Practical Medicine; the first and second volumes for one dollar each, and the third volume for one dollar fifty cents.

Voted, That the Committee on publications select and publish a fourth volume of the Library of Practical Medicine, provided the expense do not exceed six hundred dollars; to be distributed to the Fellows of the Society at the next Annual Meeting, on the same terms as were established for the first volume, by the Report accepted February 1st. 1831.

A motion was submitted that the Counsellors recommend to the Society so to amend the By-laws as to provide that the Annual Meeting shall be held on the last Wednesday in May. After some discussion, it was

Voted, To refer the subject of the motion to a Committee; and Drs. Miller of Franklin, Alden of Randolph; and Z. B. Adams, of Boston, were appointed a Committee for the purpose.

A Vote of the Berkshire District Medical Society, to accede

to the terms of the forty-fourth and forty-fifth By-laws of the Society, was read.

The Committee, appointed to consider the practicability and expediency of procuring a permanent building for the Society, reported that there seemed at one time a favorable prospect of obtaining a suitable piece of land for the erection of a building, on highly advantageous terms; but that the land had passed into other hands, and there was now no probability of obtaining it. The Report was accepted, and the Committee discharged.

Voted, That this meeting be dissolved.

The following Gentlemen have become Fellows of the Massachusetts Medical Society, since the publication of the Catalogue of Fellows, appended to the edition of the By-laws in June 1832.

By election, David Mighill, M. D., Rowley.

By admission in course.

Josiah Noyes, Needham; Ebenezer Woodward, Quincy; Samuel Rogers, Jr., Boston; John W. Valentine, Charlestown; Adams Nichols, Gloucester; Henry A. Ward, Lewis B. Gale, Edward L. Cunningham, Josiah D. Hedge, Samuel G. Howe, Boston; Augustus Robbins, Harvard; Joseph Stone, Hardwick; Francis A. Willard, Charlestown; William Prescott, Lynn; Asa B. Snow, Boston; Francis Thomas, Scituate; John Appleton, Boston; Caleb Swan, Easton; Charles M. Windship, Roxbury; Jonathan F. Worcester, Salem; Edward Jarvis, Concord; John C. Bartlett, Chelmsford; Ambrose Seaton, Charles T. Jackson, William E. Foster, Boston; Zalmar Mallery, Easthampton; Henry N. Preston, Plymouth; Francis V. Noyes, Newburyport; William Graves, Lowell; Edward W. Hook, Boston; Elisha Bartlett, Lowell; Augustus Whiting, Haverhill; Leroy M. Yale, Tisbury; Orlando H. Partridge, Truro; Jesse Chickering, Lyman Bartlett, Alpheus Proctor, Josiah Kittredge, Boston.

The following gentlemen have had leave to resign their Fellowship.

Ingalls Kittridge, Beverly; Jonathan Leonard, Sandwich; Gridley Thaxter, Abington.

LIST OF BOOKS.

ADOPTED OCTOBER 3, 1832.

In accordance with a Law of the Commonwealth, enacted February 10th, 1789, and in obedience to a By-Law of the Society, the Counsellors of the said Society give notice, that candidates for examination before the Censors, must hereafter give evidence of having read and studied the books whose titles are contained in the list which follows, viz.

The Edinburgh System of Anatomy.
Bell's System of Anatomy, or Wistar's Anatomy.
Haller's First Lines of Physiology.
Richerand's Elements of Physiology.
Bichat on Life and Death.
Bichat's General Anatomy, translated by Dr Hayward.
Beclard's Additions to Bichat's General System of Anatomy, translated by Dr. Hayward.
Charles Bell's Natural System of the Nerves.
Turner's Elements of Chemistry.
Brande's Manual of Chemistry by Webster.
Pharmacopœa of the United States.
Bigelow's Sequel to the Pharmacopœa.
Paris' Pharmacologia.
Sir Astley Cooper's Surgical Lectures, in three volumes.
Boyer's System of Surgery.
Boyer on the Bones.
Hunter's Treatise on the Blood, Inflammation, and Gun Shot Wounds.
Thompson on Inflammation.
Travers on Constitutional Irritation.
Burns' Anatomy of the Gravid Uterus.

Burns' Treatise on Abortion.
Burns' Treatise on Uterine Hemorrhage.
Denman's System of Midwifery.
Denman's Aphorisms.
Dewees' System of Midwifery.
Good's Physiological System of Nosology.
Good's Study of Medicine.
Cullen's First Lines of the Practice of Physic.
G. Fordyce's Dissertations on Fever.
Smith and Tweedie on Fever.
Armstrong's Illustrations of Typhus, &c.
Armstrong on Scarlet Fever, Measles, and Pulmonary Consumption.
Sydenham's Works.
Heberden's Commentaries on Diseases.
Dewees on Diseases of Children.
Hunter's Treatise on Lues Venerea.
Bailie's Morbid Anatomy.
Cook's Abridgement of Morgagni on the Seats and Causes of Diseases.
Beck's Medical Jurisprudence.

Although the books mentioned in the foregoing list are all that candidates are required to have read, yet the Counsellors believe that many more may be carefully read during the period of pupilage, and they have therefore prepared another list of books, which they recommend for the perusal of students in medicine.

Books Recommended.

ANATOMY.

Barclay's Anatomical Nomenclature.
Winslow's Anatomy.
Soemmerring's do.
Cheselden's do.
Boyer's do.
Meckel's Anatomy.
Albinus's Anatomical Plates.

Lizars' Anatomical Plates.
Charles Bell's System of Dissections.
London Dissector.
Shaw's Manual for the Student of Anatomy.
Wilson's Lectures on the Skeleton.
Wilson's Lectures on the Vascular System.

PHYSIOLOGY.

Halleri Elementa Physiologiæ.
Boerhaave's Institutes.
Nouveaux Elemens de la Science de l'Homme, par Barthez.
Blumenbach's Physiology.
Bostock's Physiology.
Mayo's Outlines of Human Physiology.
Broussais' System of Physiology.
Magendie's Physiology, translated by Revere.
Blumenbach's Comparative Anatomy.
Cuvier's do. do.
Fordyce on Digestion.
Hunter on the Animal Economy.
Hewson on the Blood and Lympathics.
Sheldon on the Absorbent System.
Philip on the Laws of the Vital Functions.
Bichat on the Membranes.
Ellis on the Effects of Germination, Vegetation, and Respiration on the Air; in two parts.
Parry on the Pulse of the Arteries.

CHEMISTRY.

Davy's Elements of Chemical Philosophy.
Thompson's System of Chemistry.
Black's do.
Murray's System of Chemistry.
Henry's Chemistry, latest Edition.
Lavoisier's Chemistry.
Ure's Chemical Dictionary.

MATERIA MEDICA AND PHARMACY.

Murray's Apparatus Medicaminum.
Thesaurus Medicaminum.
Cullen's Materia Medica.
Pearson's do. do.
Murray's do. do.
Bigelow's Medical Botany.
Barton's Vegetable Materia Medica of the United States.

SURGERY.

Pearson's Principles of Surgery.
Cooper's Surgical Dictionary.
Abernethy's Lectures.
Abernethy's other Pathological Works.
Hey's Practical Observations on Surgery.
Desault's Surgical Works.
Bell's (Charles) Operative Surgery.
Bell's (John) Principles of Surgery.
Richter's Medical Cases in Surgery.
Larry's Military Surgery.
Jones on Hemorrhage.
Home on the Formation of Pus.
Bell's (Benjamin) Surgical Works.
Gibson's Surgery.
Hennen's Military Surgery.
Pharmacopœia Chirurgica.
James on Inflammation.
Brodie on the Joints.
Wilson on the Bones and Joints.
Cooper on Dislocations and Fractures.
Guthrie's Operative Surgery of the Eye.
Vetch on Ophthalmia.
Ware on the Diseases of the Eye.
Scarpa on the Eye.
Wardrop on the Morbid Anatomy of the Eye.
Saunders on the Eye.

Travers on the Eye.
Adams on the Eye.
Saunders on the Ear.
Hunter on the Teeth.
Fox on the Teeth.
Cooper and Travers' Surgical Essays.
Shaw on Distortions of the Spine.
Cooper (A.) on Hernia.
Lawrence on Ruptures.
Travers on Wounds of the Intestines.
Crowther on White Swellings.
Ford on the Hip Joint.
Cooper on do.
Home on Strictures of the Urethra.
Bell (C.) on Diseases of the do.
Bingham on Diseases of the Bladder.
Wilson on the Urinary and Genital Systems.
Howship on Diseases of the Urinary Organs.
Howship on Diseases of the Lower Intestines.
Copeland on Stricture of the Rectum.
Calvert on the Rectum.

MIDWIFERY.

Smellie's Midwifery.
Burns' Principles of Midwifery.
Ramsbotham's Observations on Midwifery.
Conquest's Outlines of Midwifery.
Davies' Elements of Operative Midwifery.
Merriman on Difficult Parturition.
Rigby on Uterine Hemorrhage.
Douglas on the Evolution of the Fœtus.
White on Lying-in Women.
Gordon on Puerperal Fever.
Hey on do do.
Butler on do. do.
Armstrong on do. do.
Campbell on do. do.

Gooch on Diseases of Females.
Clarke on the Diseases of Females.
Dewees on do. do.
Remarks on the Employment of Females in Midwifery.

PATHOLOGY AND THERAPEUTICS.

Celsi Opera.
Van Swieten's Commentaries on Boerhaave.
Conspectus Medicinæ Theoreticæ, auctore Jacobo Gregory.
Cullen's Nosology.
Parry's Elements of Therapeutics, &c.
Chapman's Therapeutics.
Hall on Diagnosis.
Morgagni on the Seats and Causes of Diseases.
Baillie's Morbid Anatomy—with the Plates.
Andral's Pathological Anatomy.
Whytt's Works.
Fothergill's Works.
Rush's Works.
Underwood on Diseases of Children.
Cheyne's Essays on Diseases of Children.
Percival's Medical Works.
Kirkland's Medical Surgery.
Zimmerman on Experience in Physic.
Huxham on Fevers and Sore Throat.
R. Jackson on Fevers of Jamaica.
R. Jackson's Outlines of the History and Cure of Fevers.
R. Jackson on Contagious Fever.
R. Jackson on Cold Water.
Currie on Cold Water.
Senac on Intermittent Fever.
Alibert on Intermittent Fever.
Beddoes on the Combination of Fever and Inflammation.
Chisholm on Pestilential Fevers.
Bancroft on Yellow Fever, &c.
Fellowes on the Fever of Andalusia, &c.
Strong on Petechial Fever.

Hale on Spotted Fever, at Gardiner.
Gallup on the Epidemics of Vermont.
Clark on Fevers and Scarlatina.
Hawkins on Rhematism.
Geo. H. Bell on Cholera Asphyxia.
Kennedy on Contagious Cholera.
Report on Spasmodic Cholera. By a Committee of the Massachusetts Medical Society.
Clark on Hot Climates.
Lind on Hot Climates.
Mosely on Tropical Diseases.
Johnson on Diseases of Hot Climates.
Chalmers on Diseases of South Carolina.
Cleghorn on Diseases of Minorca.
Hillary on Diseases of Barbadoes.
Hunter on Diseases of the Army in Jamaica.
Pringle on Diseases of the Army.
R. Jackson on the Medical Department of Armies.
Lind on Diseases of Seamen.
Lind on the Scurvy.
Blane on Diseases of Seamen.
Trotter's Medicina Nautica.
Blackall on Dropsies.
Abercrombie on Diseases of the Head.
Portal sur l'Apoplexie.
Cheyne on Apoplexy, Lethargy, &c.
Cook on Nervous Diseases.
Swan on Nervous Diseases.
Hall on Mimoses.
Arnold on Insanity.
Crichton on Mental Derangement.
Pinel on Insanity.
Knight on Insanity.
Cox on Insanity.
Rush on Mental Diseases.
Corvisart on Diseases of the Heart.
Burns on Diseases of the Heart.
Reeder on Diseases of the Heart.

Parry on Syncope Anginosa.
Davis on Carditis.
Maclean on Hydrothorax.
Laennec on Diseases of the Chest, translated by Forbes.
Colin's Manual for the Stethoscope, translated by Ryland.
Baron on Tuberculous Diseases.
Bree on Disordered Respiration.
Young on Consumption.
Stark's (Wm.) Works.
Badham on Bronchitis.
Watt on Chincough.
Peirson on Chincough.
Paris on Diet.
Philip on Indigestion.
Pemberton on Diseases of the Abdominal Viscera.
Abercrombie on Diseases of the Stomach and Intestines.
Ayre on Marasmus.
Johnson on the Liver.
Saunders on the Liver.
Harty on Dysentery.
Hamilton on Purgative Medicines.
Brera on Worms; translated by Coffin.
Rollo on Diabetes.
Marcet on Calculous Disorders.
Adams on Morbid Poisons.
Bateman on Cutaneous Diseases—with plates.
Fisher on Small Pox, Varioloid, &c.
Willan on Cow Pock.
Cross on Cow Pock.
Thompson on Varioloid.
Withering on Scarlatina.
Scudamore on Gout, Rheumatism, and Gravel.
Ring on Gout.
Sutton on Delirium Tremens, Peritonitis, and Gout.
Fowler on Rheumatism.
Haygarth on Rheumatism.
Home's Medical Facts.
Home's Clinical Experiments.

Ferriar's Medical Histories and Reflections.
Bardsley's Medical Reports.
Orfila on Poison.
Hamilton on Digitalis.
Withering on Foxglove.
Crumpe on Opium.
Fowler on Tobacco.
Fowler on Arsenic.
Roberton on Cantharides.
Haden on Colchicum Autumnale.

MISCELLANEOUS AND PERIODICAL WORKS.

Friend's History of Medicine.
Sprengell's History of Medicine.
Hunter's Introductory Lectures.
Cabanis on the Revolutions in Medical Science.
Hutchinson's Biographia Medica.
Young's Medical Literature.
Gregory on the Duties and Qualifications of a Physician.
Rush's Introductory Lectures.
Percival's Medical Ethics.
Paris and Fonblanque's Medical Jurisprudence.
J. G. Smith's Forensic Medicine.
J. G. Smith on Medical Evidence.
Edinburgh Medical Essays.
Medical Observations and Inquiries.
Medical Transactions of the College of Physicians of London.
Transactions of the College of Physicians of Philadelphia.
Memoirs of the Medical Society of London.
Memoirs of the Massachusetts Medical Society.
Duncan's Medical Commentaries.
Transactions of a Society for the Improvement of Medical and Chirurgical Knowledge.
Medico-Chirurgical Transactions.
Transactions of the King's and Queen's College of Physicians of Ireland.
Dublin Hospital Reports.

London Medical and Physical Journal.
Edinburgh Medical and Surgical Journal.
American Journal of Medical Science.
North American Medical and Surgical Journal.
New England Journal of Medicine and Surgery.
Medico-Chirurgical Review.*

* The titles of those books which are considered most important for every Medical Student to read, are printed in *Italics;* but there are some books of great value which are not so distinguished, from a consideration of their size, or of the difficulty in procuring them; or because they are principally necessary for persons in particular situations only.

APPENDIX FOR 1834.

PROCEEDINGS OF THE SOCIETY.

The Annual Meeting of the Massachusetts Medical Society was held on the first Wednesday, being the 4th day of June, 1834, at the Lecture Room of the Athenæum in Boston, at 10 o'clock, A. M.

The Record of the last Annual Meeting, and the Records of the proceedings of the Counsellors during the past year, were read by the Recording Secretary, who also reported the names of those gentlemen, who have become Fellows, or Honorary Members, during the year.

Voted, To proceed to the election of Counsellors.

Drs. Bachelder of Royalston, Adams of Waltham, Bemis of Springfield, John Flint of Boston, and Gordon of Hingham, were appointed a Committee of Scrutineers.

Voted, That the number of Counsellors, elected in each Department, be the same as the last year.

The following gentlemen were elected in the several Departments, viz.

First Department; Suffolk. John Dixwell, James Jackson, Benjamin Shurtleff, John C. Warren, John Randall, George C. Shattuck, John B. Brown, Walter Channing, Jacob Bigelow, George Hayward, Enoch Hale, Solomon D. Townsend, Zabdiel B. Adams, John Ware, David Osgood, Edward Reynolds, John Homans, Woodbridge Strong.

Second Department; Essex. Richard Hazeltine, Joseph Kittredge, Jeremiah Spofford, Abel L. Peirson, Andrew Nichols, Edward L. Coffin, Samuel Johnson, Thomas Manning, Richard S. Spofford, Calvin Briggs, Rufus Longley.

Third Department; Middlesex. Aaron Bancroft, Rufus Wyman, Thomas Bucklin, John Walton, Abraham R. Thomp-

son, Timothy Wellington, Zadok Howe, William J. Walker, John C. Dalton, Ephraim Buck, Josiah Bartlett, John O. Green.

Fourth Department; WORCESTER. Stephen Bachelder, John Green, Edward Flint, Benjamin F. Heywood, Charles W. Wilder, Amos Parker, George Willard, Gustavus D. Peck.

Fifth Department; HAMPSHIRE, HAMPDEN and FRANKLIN. Joseph H. Flint, Alpheus F. Stone, Stephen W. Williams, Levi W. Humphreys, Elisha Mather, Bela B. Jones.

Sixth Department; BERKSHIRE. William H. Tyler, Henry H. Childs, Asa G. Welsh, Royal Fowler, Robert Worthington, Alfred Perry, Hubbard Bartlett.

Seventh Department; NORFOLK. Nathaniel Miller, John Bartlett, Samuel Bugbee, Robert Thaxter, Jeremy Stimpson, Ebenezer Alden, Noah Fifield.

Eighth Department; PLYMOUTH. Hector Orr, Nathan Hayward, Ezekiel Thaxter, Paul L. Nichols, Noah Whitman, Charles Macomber.

Ninth Department; BRISTOL. Alexander Read, William C. Whittredge, Andrew Mackie.

Tenth Department; BARNSTABLE, DUKES COUNTY and NANTUCKET. Aaron Cornish, Paul Swift, Jonathan Leonard, Jr., Orlando H. Patridge.

The Treasurer presented and read his Annual Report. From the account of current receipts and expenditures, it appeared, that the balance in the Treasury, June 5, 1833, was $257.87

Received during the year: viz.		
From the Censors of the 1st District,	170.00	
From do. of the 4th District,	10.00	
		180.00
A donation from a retired member,		3.00
From the assessments of Fellows,		960.60
From the Librarian for the sale of books		70.50–1214.10
		$1471.97

And that the expenditures of the year (including a balance paid for the third volume of the Library of

Practical Medicine) for printing, advertising, rent, and for the annual dinner, &c. amounted to . . $822.40

Leaving a balance in the Treasury of . . $649.57

The Report on the Permanent Fund, is as follows,

The Treasurer offers the following Report of the State of the Permanent Fund of the Society, for the year ending June 3, 1834.

During the past year, the balance of the last note, due on the sale of the Society's township of Land, has been paid, and the amount of the whole note vested in a Policy of the Hospital Life Insurance Company.

The present state of the Fund is as follows:

Policy No. 578, Principal Sum, . .	$2549.87	
Interest to Jan. 1, 1834 . . .	760.75	3310.62
Policy No. 755, Principal Sum, . . .	744.70	
Interest to Jan. 1, 1834	168.23	912.93
Policy No. 1426, Principal Sum, . .	700.00	
Interest to Jan. 1, 1834	15.73	715.73
		$4939.28

(Signed,) WALTER CHANNING, *Treasurer.*

Boston, June 1, 1834.

The Report of the Committee to audit the Treasurer's accounts, was read, as follows:

The Subscribers having been appointed a Committee to examine the Treasurer's accounts, have attended to that duty; and beg leave to Report, that they find them accurately kept, correctly cast, and duly vouched.

(Signed,) J. B. BROWN,
JOHN HOMANS.

Boston, June 1, 1834.

Voted, That the Reports of the Treasurer and of the Auditing Committee, be accepted.

The Report of the Committee on the Library was read, and accepted.

The Report of the Essex Southern District Medical Society, was read and accepted.

The Recommendation of the Counsellors, so to amend the By-laws of the Society, as to provide that the Annual Meeting shall in future be held on the last Wednesday in May of each year, was read and considered; and thereupon it was

Voted, That the Recommendation of the Counsellors, to amend the By-laws of the Society, so as to substitute the "last Wednesday in May" for the "first Wednesday in June," as the day for the Annual Meeting, be adopted.

The Committee of the Counsellors, who were appointed to prepare such amendments to the By-laws, as should be rendered necessary by the adoption of the foregoing recommendation, presented the following Report:

At a Meeting of the Counsellors, at which was considered the proposition of change of the time of the Annual Meeting of the Society; the subject of the requisite changes in the By-laws of the Society was referred to the same Committee, with the addition of the Recording Secretary. This Committee now ask leave to report,—That if the Report of the change of time of the Annual Meeting be accepted, the following change in the By-laws and Orders will be requisite, viz:

1st.—By-law I., Page 22nd. Instead of "first Wednesday in June," the words "last Wednesday in May," be inserted.

2nd.—By-law X., Page 28th. That the words "in June," be stricken out.

3d.—By-law XIII., Page 29th. Instead of the first words, "At the stated Meeting of the Counsellors in June," we read, "At the first stated Meeting of the Counsellors every year."

4th. By-law XLIV., sect. 1st, That the words, "in the month," line 2nd, be stricken out, and the words, "in the first week," be inserted.

By-law XLIV., page 53, sect. 1st, That the words, "first Wednesday in June following," be stricken out, and that there be inserted instead, "the last Wednesday of said month."

Section 2nd, of the same By-law, That the words, "first Wednesday of June," be stricken out, and the words, "annual meeting," be inserted. All which is respectfully submitted.

(Signed,) NATH. MILLER,
EBEN. ALDEN,
Z. B. ADAMS,
} *Committee.*

Boston, June 4th, 1834.

Voted, that the Report be accepted.

The President communicated, from the council of the Boston Society for the promotion of Natural History, an invitation, for the Fellows of this Society to visit the Museum of that Society this afternoon; whereupon it was

Voted, That the thanks of this Society be presented to the council of the Boston Society for the Promotion of Natural History, for their obliging invitation.

The Committee of the Counsellors, on the subject of a modification of the Law for legalizing the study of Anatomy, presented a Report, which was read and accepted; and the Resolution accompanying the Report was amended, and adopted as follows,

The Committee of the Counsellors, chosen on the 5th day of February 1834, to apply to the Legislature on the subject of the "Act to legalize the study of Anatomy," &c., if they should find it expedient, beg leave to report respectfully,—

That on making inquiry into the practical operation of the act passed in 1831, they found it to be inadequate to the accomplishment of the object for which it was designed; and attended with material embarrassments in its execution.

In consequence of the restriction of the subjects for dissection, contemplated by that act, to what are called *State paupers*, the numbers, presenting under the act, were too few for the supply even of the Medical schools; and that those procured were less in number than before the act was passed.

2. That the time allotted for retaining the subject before its delivery, was so long as often to impair its usefulness for dissection.

3. That in the city of Boston, the application, demanded by the law, was required to be made to three separate boards,—whence it occasionally happened that from the difficulty of finding and the difficulty in satisfying the representatives of each of these boards, the time for obtaining the subject was passed, before the consent of the public authorities could be procured.

Further, your Committee ascertained that there existed in the Legislature a project, which it was thought would ultimately be adopted, having for its end the abolition of that descrip-

tion of poor called *State paupers*. The effect of this, when it became a law, would be to take away the only class of subjects contemplated by the act of 1831; of consequence this act, while it legalized the study of Anatomy, would, by the severity of its provisions, prohibit and even annihilate the very object to effect which it was passed, and thus present an anomaly in legislation of which there is no example.

Perceiving the dangers which threatened to prostrate the work it had cost the Society so much labor to raise, and to destroy the foundations of Medical science, in the very place where they were thought to be most firmly laid, your Committee felt themselves called on to apply to the Legislature, and to make known to them facts so extraordinary and unexpected.

Application was accordingly made to this honorable body, and the application was referred in the House of Representatives to one of their most enlightened committees, that on the Judiciary. This board notified your Committee to appear before them, and entered into a patient and thorough investigation of facts, which terminated in their making a report favorable to the views of the Society, accompanied by a bill, which we have now the honor to lay before the Society.

On the second reading of the bill in the House, a debate arose, which resulted in its being passed to a third reading by a considerable majority; but on the third reading, owing to some misunderstanding, it was negatived by a majority of one vote. A member of the majority very liberally moved a reconsideration of the vote on the following day. A more full discussion of the subject then took place; the members of the House became satisfied of the utility of the bill; and being rendered acceptable by some slight amendment, it ultimately passed to be enacted, in a House consisting of nearly four hundred members present, without a division of the House.

When the bill was laid before the Honorable Senate it was committed, again discussed, and eventually passed by an almost unanimous vote of that body.

This bill having received the signature of his Excellency the Governor, has now become the law of this Commonwealth. It removes the obstructions which existed in the first law; it re-

spects the feelings of the living, however poor and destitute; and provides ample means for the prosecution of that science, which is essential to the existence of Medical instruction.

Your Committee consider the passage of this act as constituting an epoch in the history of Medical improvement, and of the diffusion of intellectual light. For many ages the science of Anatomy has been persecuted and proscribed. Some of the most enlightened countries of Europe had not yet shaken off the prejudices of the dark ages, when our Legislature, by a noble effort, broke away from these pernicious errors and showed the path of improvement to nations older and greater than their own. Already their example has been followed by the Legislature of that great nation, from whom we have been so fortunate as to derive our origin. One of our sister States has pursued the same course, and we have great reason to believe that others will before long follow in the adoption of measures so beneficial to mankind.

As a knowledge of Anatomy is the foundation of Medical science, and as ignorance of Anatomy is the source of most dangerous errors in practice, we have reason to believe that great improvements will be made in the Medical instruction and practice of this country; and that the sufferings arising from sickness and accidents will be more generally remedied, among the poorer part of the community; for every material advancement in Medical education operates more favorably for the poor than the rich; since the latter are able and disposed to procure adequate aid in cases of sickness and accidents; but the former are compelled to receive that which is offered.

Another important consequence of the late act will be the annihilation of the illegal and surreptitious mode of obtaining subjects, which has prevailed. Hitherto the profession have been driven by the imperious demand of the community to a practice disgusting and dangerous to themselves, prejudicial to their character in the public view, and alarming to the best feelings of the community. Should the municipal authorities put the law in execution in the spirit intended by the Legislature, violation of the grave will be as rare and as dishonorable a crime as robbery of the living.

Your Committee conclude by recommending the adoption of the following resolution:

Resolved, That the thanks of the Members of this Society be voted to those philanthropic and enlightened individuals, who have devoted their time and talents to the investigations relating to the subject of this law; and to the explanation of it to others.

(*Signed,*) JOHN C. WARREN, GEORGE HAYWARD, JOHN HOMANS, } *Committee.*

The following is the Act referred to in the preceding Report.

COMMONWEALTH OF MASSACHUSETTS.

In the year of our Lord one thousand eight hundred and thirty-four.

AN ACT in addition to "An Act, more effectually to protect the Sepulchres of the dead, and to Legalize the Study of Anatomy in certain cases."

Sec. 1. *Be it enacted, &c.*, That hereafter it shall not be lawful to locate or construct any rail-road, canal, turnpike, highway, town way, or public easement whatsoever, in, upon, or through any enclosure used or appropriated for the burial of the dead, without authority to that effect, specially granted by law; or the consent of the inhabitants of the town where such enclosure is situated; and any person offending against the foregoing provision, shall be subject to indictment, in any Court, competent to try the same, and to imprisonment for a term not exceeding one year, or a fine, to the use of the Commonwealth, not exceeding two thousand dollars, or both of said punishments, at the discretion of the Court trying the same, and according to the nature and aggravation of the offence. *Provided, nevertheless*, That this enactment shall not apply to any such rail-road, or other public easement already located.

Sec. 2. *Be it further enacted*, That if any person shall wilfully destroy, mutilate, deface, injure or remove any tomb, monument, grave stone, or other structure placed in memory of the dead; or any fence, railing, or other curb for the protection or ornament of any tomb, monument, grave stone, or other structure aforesaid, or of any enclosure for the burial of the dead; or shall wilfully destroy, remove, cut, break or injure

any tree or shrub, placed for ornament within the limits of any such enclosure; such person so offending, shall forfeit and pay, to the use of the Commonwealth, a sum not less than ten nor more than five hundred dollars, to be recovered by indictment in any Court competent to try the same.

Sec 3. *Be it further enacted*, That it shall be lawful for the Board of Health, Overseers of the Poor, and Selectmen in any town in this Commonwealth, and for the Directors of the House of Industry, Board of Health, Overseers of the Poor, or Mayor and Aldermen of the City of Boston, to surrender the dead bodies of such persons as it may be required to bury at the public expense, to any regular Physician, duly licensed according to the laws of this Commonwealth, to be by said Physician used for the advancement of Anatomical Science; preference being always given to the Medical Schools that now are, or hereafter may be, by law established in this Commonwealth, during such portions of the year as such schools, or either of them, may require subjects for the instruction of Medical students. *Provided, nevertheless*, That no such dead body shall in any case be so surrendered, if within twenty-four hours from the time of its death, any person claiming to be kin or friend to the deceased, shall require to have said body interred; or if such dead body shall be the remains of a stranger, or traveller who suddenly died before making known who or whence he was; but said dead body shall be interred, and when so interred, any person disinterring the same, for purposes of dissection, or being accessary thereto, shall be liable to the punishment provided in the first section of the Act to which this is in addition. *And provided further*, That every Physician so receiving any such dead body, before it shall be lawful to deliver the same to him, shall in such case give to the Mayor and Aldermen of the City of Boston, or to the Selectmen of any town of this Commonwealth, as the case may require, good and sufficient bond, that each body so by him received, shall be used only for the promotion of Anatomical science, and that it shall be used for such purpose within this Commonwealth only, and so as in no event to outrage the public feeling; and that, after having been so used, the remains thereof shall be decently interred.

Sec. 4. *Be it further enacted*, That the body of no person, requesting during his or her last sickness to be interred, shall be surrendered under the provisions of the third section of this Act.

Sec. 5. *Be it further enacted*, That the third section of the Act to which this is in addition, is hereby repealed.

Approved by the Governor, April 1, 1834.

At 1 o'clock, ZADOK HOWE, M.D. read to the Society an interesting Discourse on the subject of *Quackery*.

Voted, That the thanks of the Society be presented to Dr. HOWE, for his able and ingenious Discourse, this day read before the Society.

Voted, That the Meeting be dissolved.

At half past two o'clock, the Society, to the number of nearly two hundred members, proceeded in order to Faneuil Hall, and there dined together.

Proceedings of the Counsellors.

OCTOBER MEETING.

Boston, October 2, 1833.

A Stated Meeting of the Counsellors of the MASSACHUSETTS MEDICAL SOCIETY was this day held at the Society's Room in Pearl Street, Boston, at eleven o'clock, A. M.

The Records of the last meeting were read.

The Corresponding Secretary reported the names of the gentlemen who have become Fellows of the Massachusetts Medical Society, since the meeting of the Counsellors in June last.

The Annual Report of the Worcester District Medical Society was presented by the Corresponding Secretary, and read.

The President communicated a letter from Dr. Chervin, of Paris, a translation of which he read.

Voted, That a Committee be appointed to consider the communication of Dr. Chervin, and make diligent inquiry in regard to the subjects of it, and report to the Counsellors at an adjourned meeting, to be held for the purpose on Wednesday,

October 30th, at 3 o'clock, P. M. Drs. Hayward, Ware, and Walker were appointed the Committee.

ADJOURNED MEETING.

Boston, October 30th, 1830.

The Counsellors of the Massachusetts Medical Society met, agreeably to adjournment, at the Society's Room in Pearl Street.

Dr. Hayward presented the Report of the Committee on the communication of Nicholas Chervin, M.D., of Paris, which was considered, and unanimously adopted.

The Report is as follows.

Boston, U. S. A., October 30th, 1833.

The Committee to whom was referred, at the meeting of the Counsellors of the Massachusetts Medical Society, held on the 2d instant, the communication of Nicholas Chervin, M. D. of Paris, having attended to the subject, respectfully ask leave to Report :

That on examining the document referred to them, they find that it is therein stated, that the advocates of the contagion of Yellow Fever have recently attempted in France to impeach the moral conduct of Dr. Chervin, while travelling in the United States. The Committee believe that it would be gratifying to Dr. Chervin to obtain the opinion of the Counsellors on this point, if a favorable one could be given, and also to learn, what views are now entertained in our country in regard to the contagion of Yellow Fever.

In relation to the first point, the Committee are of opinion, that the Counsellors owe it to themselves, as they have recently elected Dr. Chervin an Honorary Member of this Society, to remove as far as is in their power, this aspersion, which they believe to be unjust. The Committee, after diligent inquiry, have not been able to learn that his conduct, while in this country, deviated in the slightest degree from the strictest laws of morality; on the contrary, they believe, from their own observation and the statements of others, that while among us, he uniformly pursued such a course as might have been expected from a philanthropic and enthusiastic inquirer after truth.

The Committee are also gratified that it is in their power to state, that the opinion to which Dr. Chervin has arrived, as the result of his useful and untiring labors respecting the mode in which Yellow Fever is propagated, is the one now entertained by nearly all the medical men in the United States. It is in fact doubtful, whether a physician can be found in our country, who has been educated within the last quarter of a century, who believes in the contagion of Yellow Fever; and the few who adhere to this opinion are for the most part those, who at an early period adopted and defended it, before the subject was as well understood as it is at the present day. It may also be remarked, that a belief in the non-contagious character of Yellow Fever, is almost universal in the United States, among those persons, not of the medical profession, who have had much opportunity of witnessing the disease.

Which is respectfully submitted by

GEORGE HAYWARD,
JOHN WARE,
WILLIAM J. WALKER, } *Committee.*

Voted, That the Corresponding Secretary cause a copy of the preceding Report, properly attested, to be transmitted to Dr. Chervin.

The Corresponding Secretary communicated a letter from Zadok Howe, M.D., declaring his acceptance of the appointment to read the next Annual Discourse.

Also, The Report of the organization of the Board of Censors for the First Medical District.

1834.

FEBRUARY MEETING.

A Stated Meeting of the Counsellors of the Massachusetts Medical Society was held at the Society's Room on Wednesday, February 5, 1834, at eleven o'clock, A. M.

The Records of the last Stated Meeting, and of the Adjourned Meeting were read.

Drs. Brown and Homans were appointed a Committee to examine the Treasurer's accounts, to report to the Society at the Annual Meeting.

Drs. Reynolds and Townsend were appointed a Committee to examine the Library.

The Committee appointed at the meeting of the Counsellors in June last, on the motion that the Counsellors recommend to the Society so to amend the By-laws as to provide that the Annual Meeting be held on the last Wednesday in May, presented the following Report.

The Committee of the Counsellors of the Massachusetts Medical Society, to whom was referred, at the meeting in June last, the subject of recommending to the Fellows, that the By-laws should be so amended, as to provide that the Annual Meetings of the Society shall be held on the last Wednesday of May; respectfully ask leave to Report:

That in their opinion it is exceedingly desirable that the Annual Meeting of the Society should be fully attended; that particularly every inducement should be held out to our country brethren to attend them.

That it is well known, that in the last week in May, the anniversaries of a great many societies, moral, religious, and literary, are usually held in Boston, in some of which many of our brethren in the country are called to take part, or are otherwise required to attend; such meetings therefore will offer an inducement for them to come to the City. As it is very difficult for professional gentlemen to leave home often, many of our members, after attending these meetings in May, may be unable, even although desirous, to leave home again so soon as to attend the Annual Meeting of this Society on the first week in June.

Your Committee are not aware that any particular reasons *now* exist for holding the Annual Meeting in June; that it was formerly appointed at this season to accommodate such members of the Society as belonged to the Legislature: but as the Legislature does not now convene at that season of the year, that reason of course is not now efficient. Finally, your Committee are not aware that any members of the Society, will be at all incommoded by the change, and therefore that it will be a sufficient reason in favor of it, that *some* will be benefited. They therefore beg leave respectfully to submit to the Counsellors the following resolution:

Resolved, That the Counsellors of the Massachusetts Medical Society recommend to the Fellows, at the next Annual Meeting, that the By-laws be so amended, as to provide that the Annual Meetings of the Society in future shall be held on the last Wednesday in May, instead of the first Wednesday in June, as heretofore. All which is respectfully submitted.

NATHANIEL MILLER,
EBENEZER ALDEN,
Z. B. ADAMS,
} *Committee.*

Voted, That the Report be accepted.

Voted, That the Report be recommitted to the same Committee, for the purpose of preparing such amendments to the By-laws of the Society as may be necessary to carry the recommendations of the Report into effect; and that the sanction of the Counsellors be given to such proposed amendments.

Voted, That a Committee of three be appointed to make application to the Legislature, if they deem it expedient, so to amend the act legalizing the Study of Anatomy, that it will carry into more complete effect the original design of the framers of that Law.

The President, and Drs. Hayward and Homans, were appointed the Committee.

JUNE MEETING.

A Stated Meeting of the Counsellors of the Massachusetts Medical Society was held at the Society's Room in Boston, Thursday, June 5th, 1834, at ten o'clock, A. M.

The Record of the last meeting of the Counsellors was read.

Voted, To proceed to the election of Officers of the Society for the ensuing year.

Drs. Longley of Haverhill, and Whitman of Bridgewater, were appointed a Committee of Scrutineers.

The following gentlemen were elected to the several offices.

JOHN C. WARREN, *President.*
John Dixwell, *Vice President.*
George Hayward, *Corresponding Secretary.*
Enoch Hale, Jr. *Recording Secretary.*
Walter Channing, *Treasurer.*
David Osgood, *Librarian.*

CENSORS.

For the First District and for the Society at large.

John Homans, William J. Walker, Abel L. Peirson, John Ware, Edward Reynolds.

For the Second District.

John Green, Benjamin F. Heywood, Edward Flint, Charles W. Wilder, Gustavus D. Peck.

For the Third District.

Joseph H. Flint, Elisha Mather, Atherton Clarke, David Bemis, Bela B. Jones.

For the Fourth District.

William H. Tyler, Alfred Perry, Oren Wright, Robert Worthington, Asa G. Welch.

Committee on Publications.

Enoch Hale, Jr., John Ware, John B. Brown.

Committee on Resignations.

Walter Channing, Zabdiel B. Adams, Solomon D. Townsend.

Jacob Bigelow, M. D. was elected by ballot to read the next Annual Discourse. Dr. Bigelow, being present, declared his acceptance of the appointment.

The Corresponding Secretary reported the names of those who have become Fellows of the Society since the last meeting of the Counsellors.

The Report of the Censors of the first Medical District and for the Society at large, was presented, and read.

Voted, That the President of the Society be authorised to procure a suitable copper-plate engraving of a Diploma for Honorary members of this Society, and to cause as many copies to be struck off as he may think proper.

Voted, That the Committee on Publications select and publish a fifth volume of the Library of Practical Medicine, provided that the expense do not exceed six hundred dollars, to be distributed to the Fellows of the Society at the next Annual Meeting, on the same terms as were established for the first volume, by the Report accepted February 1st, 1831.

Provided, That the Committee shall be authorised to issue the Fifth volume at any time during the current year, that they shall think proper, to be distributed to such Fellows of the Society as shall pay their assessments in advance for the next year.

Voted, That the Librarian be authorised to sell the Fourth volume of the Library of Practical Medicine to such Fellows as shall hereafter be admitted to the Society, one copy to each, for $1,25 cents.

Voted, That this meeting be dissolved.

Hermon Chandler, M.D. of Stow, was admitted into the Society in June, 1832, but not having signified his assent to the By-laws, until after the publication of that year, his name was omitted in the Catalogue of Fellows.

The following gentlemen have become Fellows of the Society since the last publication, in June, 1833.

By election, Samuel B. Woodward, Worcester; Winslow Warren, Plymouth.

Drs. Moses Smith of Hawley, and Peleg Bradley, of Dracutt, have also been elected; but have not yet signified their acceptance of Fellowship.

By admission in course.

Edward J. Davenport, Boston; James B. Gregerson, do.; John Odin Jr., do.; Benjamin F. Seabury, Orleans; Joseph P. Cooke, Boston; Simon B. Carpenter, Newton; Calvin Carter, Lancaster; Isaac Boyd, West Newbury; Alexander LeBaron Munroe, Medway; Phineas P. Wells, East Cambridge; Alfred Wood, Dighton; John S. Bartlett, Marblehead; John D. Pillsbury, Lowell; Jonathan W. Bemis, Watertown; J. T. Gilman Leach, Lowell; Nathaniel C. Towle, Lynn; Danforth Phipps Wight, Barnstable; E. E. Deniston, Northampton; Joshua Porter, Wenham; Charles F. Chaplin, Cambridgeport; Samuel B. Swett, Boston; Julius H. Morse, Charlestown; George B. Swift, Milton; Eliakim A. Holman, Harvard; Martin Root, Newbury; Oliver S. Cressy, Hamilton; John White, Westminster: Theodore Kittredge, Waltham; William W. Dwight, Boston; Charles Gordon, Lowell; Kendall Davis, Reading.

The following gentlemen have been elected Honorary Members during the year, viz:

G. Andral, Paris; Charles Phillippe Louis, Paris; James Clarke, London; Professor J. P. Maunoir, Geneva.

The following gentlemen have had leave to resign their Fellowship during the year, viz:

Oliver Bliss, Longmeadow; David Hunt, Northampton; Rufus Cowles, Amherst; John Hastings, Hatfield; Elihu Dwight, South Hadley; Calvin Thomas, Tyngsborough; Nathaniel Peabody, Salem; Isaac W. Mulliken, Stow.

APPENDIX FOR 1835.

PROCEEDINGS OF THE SOCIETY.

In conformity to the By-laws, as amended, the Massachusetts Medical Society met at the Athenæum Lecture Room, in Pearl Street, Boston, on Wednesday the 27th day of May, 1835, at 10 o'clock, A. M.

The Records of the last Meeting of the Society, and of the proceedings of the Counsellors during the past year, were read.

The Recording Secretary reported the names of those who have become Fellows or Honorary Members of the Society during the year.

Voted, To proceed to the election of Counsellors.

Drs. Z. B. Adams, of Boston; Wellington, of West Cambridge; Read, of New Bedford; Stimpson, of Dedham, and Holyoke, of Salem, were appointed a Committee of Scrutineers.

Subsequently it was *voted*, To appoint a second Committee of Scrutineers, to aid in the election; and Dr. Storer of Boston; Bartlett of New Bedford, and Stedman of Chelsea, were appointed.

Voted, That the number of Counsellors in each Department be as follows: viz.

First Department 18; Second Department 11; Third Department 12; Fourth Department 8; Fifth Department 6; Sixth Department 7; Seventh Department 7; Eighth Department 6; Ninth Department 5; Tenth Department 4.

The following gentlemen were elected in the several Departments; viz.

First Department; Drs. James Jackson, John C. Warren, George C. Shattuck, Walter Channing, Jacob Bigelow, George Hayward, Enoch Hale, Jr., John Ware, Zabdiel B. Adams,

David Osgood, Edward Reynolds, John Homans, Woodbridge Strong, John Jeffries, Jerome V. C. Smith, George W. Otis, Jr., J. Greely Stevenson, Joseph W. McKean.

Second Department; Drs. Joseph Kittredge, Jeremiah Spofford, Abel L. Peirson, Andrew Nichols, Edward L. Coffin, Samuel Johnson, Thomas Manning, Richard S. Spofford, Calvin Briggs, Rufus Longley, Dean Robinson.

Third Department; Drs. Rufus Wyman, Thomas Bucklin, John Walton, Abraham R. Thompson, Timothy Wellington, Zadok Howe, William J. Walker, John C. Dalton, Ephraim Buck, Josiah Bartlett, Daniel Swan, John O. Green.

Fourth Department; Drs. Stephen Bachelder, John Green, Edward Flint, Benjamin F. Heywood, Charles W. Wilder, Amos Parker, George Willard, Gustavus D. Peck.

Fifth Department; Drs. Joseph H. Flint, Alpheus F. Stone, Stephen W. Williams, Levi W. Humphreys, Elisha Mather, Bela B. Jones.

Sixth Department; Drs. William H. Tyler, Henry H. Childs, Asa G. Welch, Royal Fowler, Robert Worthington, Alfred Perry, Hubbard Bartlett.

Seventh Department; Drs. Nathaniel Miller, John Bartlett, Samuel Bugbee, Robert Thaxter, Jeremy Stimpson, Ebenezer Alden, Noah Fifield.

Eighth Department; Drs. Hector Orr, Nathan Hayward, Ezekiel Thaxter, Paul L. Nichols, Noah Whitman, Charles Macomber.

Ninth Department; Drs. Alexander Read, William C. Whittredge, Andrew Mackie, Caleb Swan, Menzies R. Randall.

Tenth Department; Drs. Joseph Sampson, Aaron Cornish, Paul Swift, Jonathan Leonard, Jr.

The Treasurer presented and read his Annual Reports.

From the Report of Receipts and Expenditures, it appeared that the balance on hand at the beginning of the year was $649.40

Received during the year for assessments: viz.

Paid to the Treasurer	831.00
From the Treasurer of Essex South District Society.	56.00

From do. Worcester Dist Society,	56.00—943.00	
From the Secretary of the Censors 1st District,	60.00	
From the Librarian	32.75—1035.75	
		$1685.75
And that the expenditures of the year, including the payment for the Fourth volume of the Library of Practical Medicine, and a balance for the Report on Cholera, amounted to		1439.21
Leaving a balance in the Treasury		$245.94

From the Report on the Permanent Fund it appeared that the whole is invested in the Massachusetts Hospital Life Insurance Company, in three policies, and with interest to Jan. 1, 1835, amounts to $5186.46

The following Report was read;

The Committee, appointed to examine the Treasurer's accounts, have attended to that duty, and beg leave to report that they found them accurately kept, correctly cast, and duly vouched.

(*Signed,*) JOHN B. BROWN,
EDWARD REYNOLDS, Jr.

Voted, That the Reports of the Treasurer and that of the auditing Committee, be accepted.

The Report of the Committee on the Library was read and accepted.

A Report by the Committee on Publications was read ; and during the discussion, the hour of 1 o'clock having arrived, the subject was laid on the table.

Jacob Bigelow, M. D., then read to the Society an interest-Discourse on *Self-Limited Diseases.*

Voted, That the thanks of the Society be presented to Dr. Bigelow for his most able and original Discourse.

The Report of the Committee on Publications was again taken up, and thereupon it was

Voted, That the Report be referred to the Counsellors.

The Report is as follows :

MASSACHUSETTS MEDICAL SOCIETY.

The Committee of Publications have not, in years past, been accustomed to present a formal Report of their proceedings. But on the present occasion, having been disappointed of the usual result of their efforts, an annual volume to be distributed to the Fellows of the Society, they beg leave to explain to the Counsellors and the Society, the causes of their and the Society's disappointment.

At the meeting of the Counsellors in June last, a vote was passed, directing the Committee of Publications to select and publish a fifth volume of the Library of Practical Medicine, to be in readiness for distribution at the present time, with the usual restrictions, and on the same conditions as applied to former volumes. In pursuance of this vote, the Committee, early in the year, made an agreement with the publishers of Copland's Dictionary of Medicine, for a second third-part of that work, on the same terms as had been agreed upon for the first part. Before the time came for the execution of the agreement, however, the publishers failed in business; and their interest in the work has been since transferred to a publisher in Washington, still subject, however, to the conditions of the agreement with this Society, so far as they are now capable of being performed. In addition to this cause of failure, there was an unexpected delay in receiving the copy of the work from England; the original edition having proceeded more slowly in its publication than was expected. From these two causes, it resulted that the second part could not be published in season for the meeting of the Society at the present time.

Could the Committee have been aware, in season, that this would be the case, they would have felt themselves bound, by their instructions, to select and publish some other work for the present occasion. But they made frequent inquiries, and received constant and confident assurances that there was no

danger of a failure in regard to this work, until it was too late to substitute another.

The Committee have had some correspondence with Mr. Green, the new publisher of Copland, for the purpose of ascertaining how soon that work may be calculated upon. They have not been able to obtain a very decided result; but are led to expect that it may probably be in readiness by July or August. They would therefore respectfully recommend, as in their view the best course that remains to be taken, that the new Committee of Publications to be appointed, be instructed to procure a fifth volume of the Library of Practical Medicine, as early as it can be done, with a suitable regard to a proper selection; and that the same be distributed, as soon as it is in readiness, to those Fellows of the Society who shall have become entitled to it, agreeably to the terms already adopted; and also a sixth volume, to be in readiness for distribution at the annual meeting of the Society, in 1836, on the same conditions as have been observed in past years.

E. HALE, Jr.
J. B. BROWN,
Committee of Publications of the Mass. Med. Society.

Boston, May 27, 1835.

The President communicated a letter from the Council of the Boston Society of Natural History, inviting the Fellows of this Society to visit the Natural History Rooms.

Voted, That the thanks of the Society be presented to the Council of the Boston Society of Natural History, for the invitation to visit their rooms this day.

The Report of the Committee of the Counsellors to whom was referred a Communication of the Censors of the first Medical District was read, and accepted.

Voted, To comply with the recommendation of the Counsellors, and amend By-law XXII., by striking out the words "he shall receive the nominations and applications of candidates for admission into the Society, and lay the former before the Counsellors," and inserting the words "he shall receive and record the nominations for election into the Society, and lay them before the Counsellors, at each stated meeting."

A proposition was made in writing for an amendment of the By-laws.

On motion, it was voted, that the matter be considered urgent and acted upon at this time.

Voted, That By-law XXIV. of the Society, be so far amended as to read as follows:

"The records of the Society and of the Counsellors, shall be produced at every anniversary meeting of the Society, and placed by the Secretaries in some convenient place, for the inspection of such of the Fellows as are desirous of consulting them; and at all other times it shall be the duty of the several Secretaries to grant every reasonable indulgence to any Fellow of this Society, who may wish to examine the records, or to make extracts therefrom.

Voted, That this meeting be dissolved.

The Fellows of the Society then proceeded to Faneuil Hall, and dined together to the number of about 220.

Proceedings of the Counsellors.

OCTOBER MEETING.

Boston, October 1, 1834.

A stated meeting of the Counsellors of the Massachusetts Medical Society was this day held at the Society's Room in Pearl Street, Boston.

The Records of the last meeting were read.

The Corresponding Secretary reported the names of the Fellows admitted into the Society since the last meeting of the Counsellors.

The Corresponding Secretary communicated a Report of the Worcester District Medical Society.

Also a Report of the proceedings of the Censors for the Second Medical District for the last year; and a Report of the organization and proceedings of the present Board of Censors for the Second District.

Voted, That a Committee be appointed to consider the expediency of taking measures for procuring better and more permanent accommodations for the meetings of the Society.

The President, and Drs. Hayward and Bigelow were appointed the Committee.

Voted, That a Committee be appointed to investigate the history of Intermittent Fever, in this Commonwealth, and throughout New England.

Drs. Hazeltine, Ware, and Walker, were appointed the Committee.

Voted, That this Meeting be now dissolved.

FEBRUARY MEETING.

Boston, February 4, 1835.

A stated Meeting of the Counsellors of the Massachusetts Medical Society, was this day held at the Society's Room in Pearl Street, Boston, at eleven o'clock.

The Records of the last meeting were read.

The Corresponding Secretary reported the names of the gentlemen who have been admitted Fellows of the Society since the last meeting of the Counsellors.

Dr. Hazletine, Chairman of the Committee appointed to investigate the subject of Intermittent Fever, requested, for reasons which he stated, to be excused from acting further on that Committee.

Voted, That Dr. Hazletine be excused, agreeably to his request.

Dr. Tyler, of Lanesborough, was appointed to fill the vacancy in the Committee.

[The Committee therefore now consists of Drs. Ware, Walker, and Tyler.]

Voted, That the Counsellors recommend to the Society, at the next annual meeting, to amend the XXII By-law, by striking out the words "he shall receive the nominations and applications of Candidates for admission into the Society, and lay the former before the Counsellors;" and inserting the words "he shall receive and record the nominations for election into the Society, and lay them before the Counsellors at each stated Meeting."

Drs. Brown and Reynolds were appointed a Committee to examine the Treasurer's accounts: and Drs. Homans and Townsend were appointed a Committee to examine the Library.

A resolution was offered, That a premium of dollars be presented by this Society to any one who shall demonstrate the practicability of breeding Leeches, having an origin in the North of Europe, and who shall actually breed and produce not less than one thousand full grown leeches of the breed indicated; provided that the process be made known to a Committee of the Counsellors, for the purpose of publication for the general good.

After a full discussion, it was *Voted*, To refer the resolution, and the whole subject embraced in it, to a Committee, with full powers to offer such a premium as they may see fit, not exceeding $500, and with such restrictions and conditions as they may judge proper and suitable for effecting the object proposed in the resolution.

Drs. Miller, Channing, and Walker were appointed the Committee.

It was then

Voted, That the Committee be enlarged by the addition of one Fellow in each County of the Commonwealth. The following gentlemen were added; Drs. Benj. Shurtleff, Boston; A. L. Peirson, Salem; E. Buck, Malden; G. Willard, Uxbridge; E. Mather, Northampton; A. F. Stone, Greenfield; D. Bemis, Springfield; A. G. Welch, Lee; H. Orr, Plymouth; E. Alden, Randolph; W. C. Whittredge, New Bedford; and J. Sampson, Brewster.

Voted, That this meeting be now dissolved.

MAY MEETING.

A stated Meeting of Counsellors of the Massachusetts Medical Society was held at the Society's Room in Boston, Thursday, May 28th, 1835, at 10 o'clock, A. M. The Records of the last Meeting of the Counsellors were read.

Voted, To proceed to the election of Officers of the Society for the ensuing year.

Drs. R. Thaxter of Dorchester, J. Sampson of Brewster, and N. Fifield of Weymouth, were appointed a Committee of Scrutineers.

The following gentlemen were elected to the several offices.

JOHN C. WARREN, *President*.

NATHANIEL MILLER, *Vice President*,

ENOCH HALE, JR. *Corresponding Secretary.*
JOHN HOMANS, *Recording Secretary.*
WALTER CHANNING, *Treasurer.*
DAVID OSGOOD, *Librarian.*

CENSORS.

FOR THE FIRST MEDICAL DISTRICT, AND FOR THE SOCIETY AT LARGE.

William J. Walker, John Homans, Abel L. Peirson, John Ware, Edward Reynolds.

FOR THE SECOND MEDICAL DISTRICT.

John Green, Benjamin F. Heywood, Edward Flint, Charles Wilder, Benjamin Pond.

FOR THE THIRD MEDICAL DISTRICT.

Stephen W. Williams, Elisha Mather, Atherton Clark, David Bemis, Bela B. Jones.

FOR THE FOURTH MEDICAL DISTRICT.

William H. Tyler, Orin Wright, Alfred Perry, Robert Worthington, Asa G. Welch.

COMMITTEE OF PUBLICATIONS.

Enoch Hale, John Ware, Joseph W. McKean.

COMMITTEE ON RESIGNATIONS.

Walter Channing, Zabdiel B. Adams, Solomon D. Townsend.

Samuel Bugbee, M. D. of Wrentham, was elected by ballot to read the next Annual Discourse.

The Corresponding Secretary reported the names of those who have become Fellows of the Society, since the last Meeting of the Counsellors.

The Report of the Censors for the First Medical District and for the Society at large, was presented and read.

A Report of the Committee of Publications was read and accepted. Whereupon it was

Voted, That the Committee be directed to prosecute the publication of Copland's Medical Dictionary, as soon as practicable.

The Committee on Leeches reported progress, and asked leave to sit again,—which was granted.

The Committee appointed to consider the expediency of

procuring better and more permanent accommodations for the Society, reported, that they find the funds of the Society are not adequate to make any arrangements for the object of their appointment, and request to be discharged.

Voted, That the Report be accepted, and the Committee be discharged.

Voted, That a Committee be appointed to inquire into the practicability and expediency of obtaining other accommodations for the Society, whether temporary or permanent.

Drs. Shattuck, Strong, Howe, J. Spofford, and Channing, were appointed the Committee.

The Committee on Intermittent Fever, reported progress, and asked leave to sit again,—which was granted.

Several resolutions on the subject of Dental Surgery, offered by Dr. Homans, were referred to a Committee of three, viz., Drs. Jackson, Peirson, and Hayward.

Voted, That the meeting be dissolved.

The following gentlemen have had leave to resign their Fellowship, during the year, viz.

Richard Hazeltine, Lynn ; Gamaliel Bradford, Boston ; Amos Bancroft, Groton ; Abiel Heywood, Concord ; Sylvanus Brown, Malden.

The following gentlemen have been admitted Fellows of the Society since the last annual meeting :

Giles H. Lodge, M. D., Boston ; John S. Butler, M. D., Worcester ; Walter N. Ellis, M. D., Rochester ; Edward T. Tremain, M. D., Lancaster ; Nathaniel B. Shurtleff, M. D., Boston ; Henry Tuck, M. D., Barnstable ; Addison Knight, M. D., Leicester ; Francis H. Gray, M. D., Boston ; Joseph J. Fales, M. D., do. ; Samuel Wigglesworth, M. D., do. ; Henry G. Clark, M. D., do. ; Patrick P. Campbell, Lowell ; Warren J. Whitney, M. D., Milton; Jonathan C. Prescott, M. D., Concord ; Ezekiel W. Leach, M. D., Manchester ; Abner B. Wheeler, M. D., Boston ; Daniel T. Coit, M. D., do.; Henry I. Bowditch, M. D., do.; Joseph Moriarty, M. D., do. ; Nahum Washburn, M. D., do.; Charles Talbot, M. D., Mansfield; James Forsyth, M. D., Sandwich; William A. Gordon, M. D., Taunton; Ira Barrows, M. D., Pawtucket; Stephen Ball, Jr. M. D., Worcester; Benjamin Atkinson, Amesbury; Nathan Jones, Wenham ; Joseph Reynolds, Salem.

APPENDIX FOR 1836.

PROCEEDINGS OF THE SOCIETY.

The Annual Meeting of the Massachusetts Medical Society was held at the Society's Hall, Athenæum building, Pearl street, at 10 o'clock, A. M., May 25th, 1836.

The records of the last meeting of the Society, and of the proceedings of the Counsellors, during the past year, were read.

The Recording Secretary reported the names of those who have become Fellows or Honorary Members of the Society, during the past year.

Voted, To proceed to the election of Counsellors.

Drs. R. Wyman, G. Willard, J. W. McKean, H. Adams, A. Read, J. C. Dalton, W. Lewis, and H. Tuck, were appointed a Committee of Scrutineers

Voted, That the number of Counsellors in each Department be as follows, viz.:

First Department, 18; Second Department, 12; Third Department, 12; Fourth Department, 8; Fifth Department, 7; Sixth Department, 7; Seventh Department, 8; Eighth Department, 6; Ninth Department, 5; Tenth Department, 4.

The following gentlemen were elected in the several Departments, viz.:

First Department, Drs. James Jackson, Benjamin Shurtleff, John C. Warren, John Randall, George C. Shattuck, Walter Channing, Jacob Bigelow, George Hayward, Enoch Hale, Solomon D. Townsend, John Ware, Zabdiel B. Adams, David Osgood, Edward Reynolds, John Homans, Woodbridge Strong, John Jeffries, Geoge B. Doane.

Second Department, Drs. Joseph Kittredge, Jeremiah Spofford, A. L. Peirson, Andrew Nichols, Edward L. Coffin, Sam-

uel Johnson, Richard S. Spofford, Calvin Briggs, Dean Robinson, Jonathan G. Johnson, Edward A. Holyoke, Wyatt C. Boyden.

Third Department, Drs. Thomas Bucklin, John Walton, Abraham R. Thompson, Timothy Wellington, Zadok Howe, William J. Walker, John C. Dalton, Ephraim Buck, Josiah Bartlett, Daniel Swan, John O. Green, Joshua Green.

Fourth Department, Drs. Stephen Bachelder, John Green, Edward Flint, Benjamin F. Heywood, Charles W. Wilder, Amos Parker, George Willard, John Starkweather.

Fifth Department, Drs. Joseph H. Flint, Alpheus F. Stone, Stephen W. Williams, Eli Hall, Elisha Mather, Bela B. Jones, David Bemis.

Sixth Department, Drs. Henry H. Childs, William H. Tyler, Asa G. Welch, Royal Fowler, Robert Worthington, Alfred Perry, Hubbard Bartlett.

Seventh Department, Drs. Nathaniel Miller, John Bartlett, Samuel Bugbee, Robert Thaxter, Jeremy Stimpson, Rufus Wyman, Ebenezer Alden, Noah Fifield.

Eighth Department, Drs. Hector Orr, Nathan Hayward, Ezekiel Thaxter, Paul L. Nichols, Noah Whitman, William Gordon.

Ninth Department, Drs. Alexander Read, William C. Whittredge, Andrew Mackie, Caleb Swan, Menzies R. Randall.

Tenth Department, Joseph Sampson, Aaron Cornish, Paul Swift, Henry Tuck.

The Treasurer presented and read his Annual Reports.

From the Report of the Receipts and Expenditures, it appeared that the balance on hand last year, was $245.94

Received during the year, viz.:

For assessments, paid to the Treasurer,	$666.00	
From Treasurer of Hampshire District,	37.00	
" " and Censors, Berkshire,	53.00	
" " of 2d Medical District,	32.00	
" " of Essex So. "	40.00	
" Sec'y Censors, 1st Med. "	60.00	
		888.00
Total,		$1133.94

And that the expenditures of the year, including the payment for the volume published, was	1086.04
Leaving a balance in the Treasury of	$47.90

From the Report on the Permanent Fund, it appeared that the whole is invested in the Massachusetts Hospital Life Insurance Company, in three policies, and, with interest to Jan. 1, 1836, amounts to $5445.79

The following Report was read:

The Committee, appointed to examine the Treasurer's accounts, respectfully report, that they have attended to that duty, and find the accounts accurately kept, and duly vouched.

(*Signed,*) Z. B. ADAMS,
J. JEFFRIES.

Voted, That the Reports of the Treasurer, and that of the auditing Committee, be accepted.

The following Report of the Committee on the Library and Cabinet, was read and accepted:

REPORT OF THE COMMITTEE ON THE LIBRARY AND CABINET.

The Committee appointed to examine the Library and Cabinet of the Massachusetts Medical Society, respectfully report, that they find the books in good order, and their number complete, with the exception of four volumes, which have been missing for several years past, and which are probably lost.

They have also attended to the other arduous duty assigned them,—the examination of the Cabinet. It gives them pain to feel obliged to state that the valuable preparation of this Cabinet exhibits, at last, too evident marks of decay. It is to be feared that the Cabinet may, in the course of time, be lost to the Society, unless some measures be taken forthwith, to arrest the destructive progress of the worm that has already begun to prey upon it. They therefore take the liberty of recommending the appointment of some skilful Curator to the Cabinet, whose duty it shall be to take all measures necessary to

preserve the same from the worm and the dust, or whatever other causes may tend to impair its beauty, or its usefulness.

EDWARD REYNOLDS, } *Committee for the*
GEORGE HAYWARD, } *Library and Cabinet.*

Voted, That Dr. E. Reynolds, Jr., be appointed Curator of the Cabinet, for the ensuing year.

The following Report of the Committee on Publications was read and accepted:

MASSACHUSETTS MEDICAL SOCIETY.

The Committee on Publications respectfully report, that, after repeated promises and disappointments, they have been still unable to obtain a second volume of Copland's Medical Dictionary for the Society, in season for distribution at the annual meeting. Nor have they any assurance, on which it is safe to rely, as to the time when another volume will be ready for publication; nor when the whole will be completed. The Committee have, therefore, pursuant to the instructions of the Counsellors, at their last stated meeting, procured the first volume of Louis on Typhus, translated by Henry I. Bowditch, M. D., for distribution at the annual meeting; which they confidently trust will be satisfactory to the Society. This work will be completed by the publication of a second volume, in the course of the ensuing summer or autumn, and that volume can be obtained for the Society, as soon as it is published, on the same terms as the first. The Committee respectfully recommend that authority be given to the proper committee to obtain the second volume, to be distributed in the usual manner, at the next annual meeting of the Society.

E. HALE, JR. }
JOHN WARE, } *Committee on Publications.*
JOSEPH W. McKEAN, }

Boston, May 25, 1836.

The Report of the Committee on Dental Surgery, accepted by the Counsellors, was read, and thereupon

Voted, That the recommendation of the Counsellors be adopted, and the following words be added to the VIII By-law, viz.: "From and after this annual meeting, (1836,) persons

entering on the practice of Dental Surgery, shall be regarded like other practitioners of Medicine or Surgery, so that the eighth By-law shall be applied to them: *provided*, however, that the same shall not be applied to those persons who are already known as dentists."*

On the recommendation of the Counsellors, it was

Voted, That the XXIV article of the By-laws be amended, by striking out the last clause, in words following, "*or to make extracts therefrom.*"†

The hour of one o'clock having arrived,

Dr. ANDREW NICHOLS delivered an interesting and learned discourse, *On Irritation of the Nerves.*

* The following is the By-law referred to: the words in italics are the part now added:

VIII. Any person who is engaged in the practice of medicine or surgery in this Commonwealth, not being a Fellow or Licentiate of this Society, nor Doctor in Medicine of Harvard University, shall be deemed by the Fellows of this Society, an irregular practitioner. Likewise, any one who has been expelled from this Society, or who, after being permitted to resign his fellowship, has been deprived of his privileges, or who has withdrawn himself from the Society, without the permission of the Counsellors, shall be deemed by the Fellows of this Society an irregular practitioner; and it shall be unlawful for any Fellow of this Society, in his professional capacity, to advise or consult with any such irregular practitioner, or, in any way, to abet or assist him as a practitioner of medicine or surgery. For any breach of this law, a Fellow of this Society shall be disqualified for one year from giving his vote at any meeting of the Society, and of the district Society of which he may be a member: he shall also be liable to the censure and reprimand of the Counsellors; and, in aggravated cases, to expulsion. *From, and after this annual meeting* (1836), *persons entering on the practice of Dental Surgery, shall be regarded like other practitioners of medicine or surgery: so that the eighth By-law shall be applied to them; provided, however, that the same shall not be applied to those persons who are already known as dentists.*

† The following is the twenty-fourth By-law, as adopted by amendment, in 1835. The words in italics are now struck out:

XXIV. The records of the Society and of the Counsellors shall be produced at every anniversary meeting of the Society, and placed by the Secretaries in some convenient place, for the inspection of such of the Fellows as are desirous of consulting them: and at all other times, it shall be the duty of the several secretaries to grant every reasonable indulgence to every Fellow of this Society, who may wish to examine the records, *or to make extracts therefrom.*

Voted, That the thanks of the Society be presented to Dr. Nichols, for his very instructive and scientific discourse.

The President announced an invitation from the Council of the Boston Society of Natural History to the Fellows to visit the Natural History rooms.

The Fellows of the Society then proceeded to Faneuil Hall, and dined together, to the number of about two hundred.

At three o'clock, P. M., the Society returned to the Hall, and the meeting being opened, the Recording Secretary read the doings of the Counsellors, regarding the accusation and charges of the infraction of the eighth By-law, against Dr. John S. Bartlett.

Dr. J. S. Bartlett offered his defence at length, before the Society; and the charges against him were supported by the Committee of the Counsellors, appointed for that purpose.

The following preamble and resolution were then read and adopted:

Whereas, Dr. John S. Bartlett, of Boston, (residing at No. 11 Atkinson street,) in a paper, denominated the Boston Pilot, of which he is joint editor, in the number of said paper issued on the 12th of March, 1836, did recommend to public confidence and patronage, by an elaborate communication, under his own signature, an irregular practitioner, by the name of Williams, thereby violating the eighth By-law of the Society, which declares "it shall be unlawful for any Fellow of this Society, in his professional capacity, to advise or consult with any such irregular practitioner, or in any way to abet or assist him as a practitioner of medicine or surgery;" and, whereas, the said Dr. Bartlett has been in the habit of frequently consulting professionally with another person, who is not a regular practitioner of medicine, according to the laws of this Commonwealth, and of this Society; and the said Dr. Bartlett having, on several public occasions, openly avowed these acts, and professed his determination to persevere in the commission of the same, in defiance of his promised obedience to the By-laws of this Society, and in violation of those principles and feelings which should be presumed to govern the conduct of every physician, who regards the true honor and dignity of

the profession; And, whereas, the present instance being of shameful publicity, and one of those aggravated cases for which the law contemplates the penalty of expulsion; and the same Dr. Bartlett, "having had an opportunity given him to lay before the Society a refutation of the charges, or a defence of his conduct in the premises;" Therefore

Voted, That Dr. J. S. Bartlett, of Boston, be expelled from this Society, and his name erased from the list of its Fellows.

Whole number present, 126; voting in the affirmative, 100; voting in the negative, 22.

The meeting was then dissolved.

Attest, JOHN HOMANS, *Rec. Sec'y.*

Proceedings of the Counsellors.

OCTOBER MEETING.

Boston, October 4, 1835.

A stated meeting of the Counsellors of the Massachusetts Medical Society was this day held at the Society's Room, at 11 o'clock, A. M.

The Records of the last meeting were read.

The Corresponding Secretary reported the names of the gentlemen, who have been admitted Fellows of the Society since the last meeting of the Counsellors.

The Corresponding Secretary read a letter from Dr. Bugbee, in which he declined delivering the next annual discourse.

Voted, To proceed to the election of a person to deliver the address in his stead.

Dr. Royal Fowler, of Stockbridge, was chosen.

Dr. James Jackson, Chairman of the Committee, to whom were referred certain resolutions on Dental Surgery, at the last meeting, made the following Report, which was accepted:

The Committee, to whom were referred, at the meeting of the Counsellors in May, 1835, several resolutions relative to Dental Surgery, have had the same under consideration, and respectfully submit the following Report.

The object of these resolutions is to require that the medi-

cal practitioners, heretofore called dentists and surgeon-dentists, be regarded in the same light as physicians and surgeons in the common acceptation of these terms; and that, accordingly, the By-law of the Society, forbidding consultation with irregular practitioners, as described in the same, be considered as applicable to dentists or surgeon-dentists.

Your Committee approve the object of these resolutions as above stated; but some other things are also embraced in them. Without a direct reference to them, the Committee will offer such observations as will explain their own views, and then propose a measure to be adopted.

The business of the dentist is partly mechanical, such as extracting teeth, filling cavities in them, caused by caries, and making and fixing in the mouth artificial teeth. These offices may be performed as directed by a physician, or at the will of the patient, who takes the responsibility on himself. But it is obviously convenient that the dentist should, himself, understand the physiology and pathology of the teeth, so that he may be able to advise the patient, as to those operations; and as to all other matters connected with the teeth; as well as that he may successfully study the treatment adapted to the diseases of these important organs. Yet as the teeth, although differing from other organs, in very important points, are subject, in some measure, to the same laws as other organs in the animal body, and are intimately connected with them, the dentist cannot well understand their diseases without an acquaintance with the science of medicine generally. It is, then, to be desired that this branch of surgery, called dental, should be conducted by those only who are prepared by education to practise any branch of the healing art. It is, however, very doubtful, whether any advantage would arise from creating or recognizing a separate branch of the medical profession, under the name of dental surgery. There might be as much reason for having branches for the distinct arts of the occulist and the aurist; and perhaps for that of the lithotomist, &c. &c. It has been the policy of modern times, to prevent this formal subdivision of the medical profession, and this has been true as respects our own country. It has been thought

best that the education, during pupilage, should be the same for the physician and surgeon; and this is, perhaps, the universal practice in the United States. On entering into professional life, individuals give their attention to all the branches of the healing art, or devote themselves to one, more or less exclusively; but the distinction, thus created, is not formally acknowledged by our public bodies. It is true that this Society may give a license to practise either physic, or surgery, or both, to the candidates who apply to them; but the custom has been, almost, if not quite, without an exception, to give a license to practise both. In Europe, the inconveniences of a different course, are much complained of, so that enlightened men in Great Britain, at the present day, are anxious to adopt a course similar to ours. It does not, then, seem wise to designate a class of medical men as dentists, whether by requiring that they go through a specific education, or by imposing upon them peculiar obligations, or by conferring on them peculiar privileges. Let it be left to individuals, who devote themselves to particular branches of the profession, to satisfy the public of their particular qualifications, as has been done heretofore.

There now recurs the question, whether a Fellow of this Society can or ought to consult with, aid or abet a dentist, if he is not a Fellow of the Society, or has not a right to claim admittance as a Fellow into the same.

The practice certainly has been, ever since the adoption, in 1804, of the By-law respecting consultations, to allow such consultation and aid. This practice arose, no doubt, under the belief that the dentists confined themselves principally to the mechanical part of their business. When that By-law was passed, there were very few persons in the Commonwealth devoted to dentistry, probably not six; and of those, such as were well known, were both ingenious and respectable men. At that time, neither the physiology, nor the pathology of the teeth had been much studied by medical men among us; although Hunter's invaluable work had been published in the last century, it had not become known to many of our physicians; and still less had the subject been studied under the lights shed on

it at the present day. In point of fact, the medical men who composed this Society in 1304, were probably aware that the few dentists in our State were better qualified than themselves, and even better than many of them wished to be, for the mechanical department of dental surgery; and, without any formal act, it was settled by silent consent, that the By-law as to consultations, should not be applied to dentists. This practical interpretation of the law, through so many years, must be regarded as settling the question, until some new law or ordinance is passed, in regard to it. Since the period above referred to, (1804,) dental surgery has been studied and pursued more scientifically than previously, and by gentlemen of regular medical education. It would seem that the community must have derived palpable benefits from these scientific dentists, since the number of gentlemen among us, occupied almost exclusively as such, has greatly increased, and it is understood that they have been well supported. It is now a different question from what it would have been thirty years ago, whether the Fellows of this Society should countenance any one entering this branch of the profession. The decision on this question should be made by a regard to the welfare of the community. If the Fellows of this Society have any interest in the question, separate from that of the community, it ought not to influence the decision. The By-law respecting consultations was adopted, and can be justified on no other ground.

From what has been stated, it appears to the Committee, that the welfare of the community would now be promoted by such measures as should tend to confine the practice of dentistry to regularly educated physicians, but not by a formal recognition of its practitioners as a distinct class of the profession; and, as the subject has not been thus regarded heretofore, that some distinct act is necessary to establish the principle proposed. In adopting this act, however, it seems proper that the same regard be paid to those actually engaged in the dental practice, as was paid to general practitioners when the By-law of 1804, in regard to consultations, was adopted. The act proposed should not be made retrospect-

tive. Let those dentists, already engaged in practice, be recognised, or not, according to their personal characters and merits. By this provision, we shall guard against injustice toward respectable individuals, whose experience may have enabled them to render very useful services to the suffering, although they may not be adequate to the treatment of all the diseases of the teeth, and who, moreover, have, in fact, been encouraged to enter on their business by the countenance of the Fellows of this Society.

In conformity with the views here presented, the Committee propose the following, as a substitute for the resolutions referred to them; so that, if the same be approved by the Counsellors, it may be duly brought forward at the next annual meeting of the Society, and be recommended to its Fellows, to be passed as a by-law.

From and after this annual meeting, (1836,) persons entering on the practice of dental surgery shall be regarded like other practitioners of medicine or surgery, so that the eighth By-law shall be applied to them; provided, however, that the same shall not be applied to those persons who are already known as dentists.

All which is respectfully submitted.

JAMES JACKSON,
GEO. HAYWARD.

Dr. Hale, Chairman of the Committee on Publications, reported a statement of their proceedings.

Voted, That the Committee on Publications be instructed to proceed in procuring the second and third volumes of the Dictionary of Practical Medicine, for the Society, at any time within the ensuing year, in the same manner as the first volume, it being understood, that the third volume shall be prepared for the Society at their next annual meeting, if practicable; and, further, that the volumes need not contain precisely five hundred pages, but as near thereto as may be.

Voted, That the thanks of the Counsellors be presented to the Provincial Medical and Surgical Association, for the donation of two volumes, published by them; and that the Cor-

responding Secretary be requested to forward to them the original publications of this Society, and explain to them the cause of delay in acknowledging the receipt of their donation.

Dr. Channing, from the Committee on Leeches, reported as follows, and asked to be discharged:

The Committee appointed at the meeting of the Counsellors, in February last, with full powers to offer such a premium as they may see fit, not exceeding five hundred dollars, with such restrictions and conditions as they may judge proper and suitable, for effecting the object, to any one who shall demonstrate the practicability of breeding leeches having an origin in the north of Europe, and who shall actually breed and produce not less than one thousand full grown leeches, of the breed indicated; provided, that the process be made known to a Committee of the Counsellors, for the purpose of publication, for the general good,—have attended to the service assigned to them; and, after a careful investigation, being satisfied of the superior character of the foreign leeches to any of the native varieties, in this country, which have come to their knowledge, and also of the practicability and importance of introducing them,—have decided upon offering a premium for the purpose indicated in the resolutions of the Counsellors; and, in accordance with this decision, at a meeting of the Committee, May 28th, appointed Drs. Shurtleff, Channing and Walker, to carry it into effect.

The premium was offered soon after, in the form following:

"The subscribers, a committee for that purpose, by authority from the Massachusetts Medical Society, hereby offer a premium of five hundred dollars, to any person who shall actually, within this Commonwealth, within seven years, breed, and produce to the Committee, the best sample of not less than one thousand well grown leeches, from a foreign stock, and equal for medicinal uses, to the best imported leeches, on the following conditions:

"1. He shall make known, in writing, the process of breeding, feeding, maturing, and keeping the same, to the satisfaction of a Committee of the Counsellors, appointed for the purpose, that it may be published for the general good.

"2. He shall make known, in writing, to the above Committee, all facts, which may come to his knowledge, relating to the natural history and habits of leeches so produced, bred, and matured, from their birth, to their arrival at full growth."

Respectfully submitted, with a request to be discharged from the further consideration of the subject.

W. CHANNING,
EBEN'R. ALDEN,
EPHRAIM BUCK,
WILLIAM J. WALKER,
GEORGE WILLARD,
A. L. PEIRSON.

Boston, October 6, 1835.

Voted, That the Report be accepted, and the Committee be discharged.

Voted, That a Committee of fifteen be appointed to receive applications from any persons who may claim the premium of five hundred dollars, offered by the Society, for the best sample of not less than one thousand leeches, from a foreign stock, bred in this Commonwealth, and award the same at the expiration of seven years, if occasion should be; and that this Committee shall continue for the space of seven years, and report progress to the Counsellors annually; and that any vacancies which may occur, be filled by the Counsellors. The following gentlemen were then appointed:

Drs. Miller, Channing, Walker, B. Shurtleff, A. L. Peirson, E. Buck, G. Willard, E. Mather, A. F. Stone, D. Bemis, A. G. Welch, H. Orr, E. Alden, W. C. Whittredge, J. Sampson.

Voted, That the Recording Secretary renew the offer of a premium, for the introduction of leeches, in such newspapers and medical journals as he shall see fit, together with a notice of the names of the Committee who are authorized to receive applications for the same.

Voted, To choose a committee of three, to revise and correct the list of books required and recommended to be read by students.

Drs. J. Bigelow, J. Jeffries, and G. W. Otis were appointed.

Voted, To appoint a committee of three, to prepare a list of gentlemen, to be nominated and balloted for, as Honorary Members of the Society.

Drs. J. C. Warren, J. V. C. Smith, and D. Osgood, were appointed.

FEBRUARY MEETING.

Boston, February 3, 1836.

A stated meeting of the Counsellors of the Massachusetts Medical Society was held this day at the Society's room, at eleven o'clock, A. M.

The President being absent, Dr. Wyman, the senior Counsellor present, presided.

The Corresponding Secretary reported the names of the gentlemen who have been admitted Fellows of the Society since the last meeting of the Counsellors.

The Corresponding Secretary read a letter from Dr. Royal Fowler, in which he declined delivering the annual discourse, in May next.

The Corresponding Secretary read the Report of the Censors of the Second Medical District.

The Corresponding Secretary read the Report of the doings of the Worcester District Medical Society, at their annual meeting, June 17, 1835.

Dr. J. Bigelow, Chairman of the Committee appointed at the last meeting, to correct and revise the list of books required or recommended to be read by students, reported; which Report, being amended, was accepted.

[See List of Books, at the end of this Appendix.]

Voted, That the Committee who made the Report, publish the list of books, according to law.

Dr. E. Hale, Jr., Chairman of the Committee on Publications, made the following Report, which was accepted:

MASSACHUSETTS MEDICAL SOCIETY.

It is with regret that the Committee on Publications find

themselves again compelled to report that they have not been able to procure the publication of another volume of the Library of Practical Medicine, being the second volume of Copland's Medical Dictionary. In order that the Counsellors and the Society may have a just view of the causes of the repeated unexpected delays in the time of publication, the Committee ask leave to give a concise history of their proceedings in regard to it, since their appointment in May last.

It will be remembered that the proprietorship of Copland's Dictionary was transferred, in consequence of the failure of Messrs. Lilly, Wait & Co., to Mr. Duff Green, of Washington, subject to all the liabilities and obligations of the original proprietors. One of these obligations was, that the work should be published in this country, without any unnecessary delay; and the original stipulations to the Society were still more specific. The publication of the English edition has been delayed very much beyond the original expectation. But that has not been the sole cause of the delays to which we have been subjected. The third part of the English edition was published in April, 1835, and was received in this city in June; but it is not yet ready for publication. Thus, it appears, that while only six hundred pages have been issued to subscribers in this country, and only five hundred pages to the Society, nine hundred and ninety pages had been published in England more than nine months ago, and had been received here more than seven months ago. Soon after their appointment, the Committee renewed the correspondence with Mr. Green, which had been begun by the previous Committee, on the subject of the publication; and were informed by him, that Mr. Colman, one of the late firm of Lilly, Wait & Co., was fully authorized to supply the work. The Committee have had frequent interviews with Mr. Colman, and they see no reason to distrust the sincerity of his assurances that he has done and is doing all in his power to expedite the work, by all the means put into his hands. It is an advantage to the subscribers that the stereotyping and printing are to be executed in Boston, as it will secure a more perfect uniformity in the style and appearance of the several parts. No provision was

made for the commencement of the stereotyping until some time in the autumn. On the day of the last meeting of the Counsellors, (October 7,) the Committee were informed, that the stereotyping was in progress, and that the volume for the Society would probably be ready for distribution in the course of the following month. It was in this expectation, that the Counsellors passed the vote at their last meeting, directing the Committee to distribute the second volume, as soon as it should be received, and to take measures to procure, if possible, a further portion, to be ready for distribution at the next annual meeting of the Society. Unfortunately, there was the same neglect in providing for the printing, that there had before been, in respect to other parts of the work. It is not yet printed; and the Committee have no more means of knowing when it will be completed, than they had at the last meeting of the Counsellors.

Under these circumstances, it is for the Counsellors to consider and determine whether the Committee shall still comply literally with the directions of the vote passed at the last meeting, and distribute the volume as soon as it can be obtained, or whether the Counsellors will direct this volume to be distributed at the annual meeting of the Society, which is now so near at hand, that it is doubtful whether the distribution can be effected much, if at all, before that time. In this connexion, it is important to state, that no information has been received of the publication of any farther portion of the work in England. If, therefore, the second volume were to be distributed at once, it would be altogether impracticable to obtain another volume, or even a part of a volume, of the Dictionary, for distribution at the annual meeting.

E. HALE, Jr.,
JNO. WARE,
J. W. McKEAN,
} *Committee on Publications.*

Boston, February 2, 1836.

Voted, That the Committee on Publications be instructed to exercise their discretion in the procuring and distribution of the next volume of Copland's Medical Dictionary.

Voted, That the Committee be authorized, in case of a disappointment in the expectation of obtaining Copland's Medical Dictionary, in season for distribution, to procure another book instead thereof.

Dr. J. Ware, Chairman of the Committee on Intermittent Fever, made the following Report, and asked leave to be discharged:

The Committee, appointed at a meeting of the Counsellors, held October 1, 1834, "to investigate the History of Intermittent Fever, in this Commonwealth, and throughout New England," offer the following Report:

That, in order to the fulfilment of the duty assigned them, they, soon after their appointment, issued a circular for the purpose of obtaining information concerning the proposed subject of inquiry, which was communicated to all the members of this Society, and to a considerable number of physicians in the other New England States, directly; and was also published extensively in the medical journals and newspapers in various parts of the country.

This Circular contained the following questions, which were regarded as embracing those points which it was especially intended to determine by the inquiry:

"1. Whether intermittent fever have, at any former period, existed in any part of New England, as an endemic disease, (i. e., having its origin in the place where it has prevailed,) where it does not now exist; what was the kind of soil, the face of the country, the state of cultivation and the geological character of the district where it prevailed?

"2. If it formerly did, and does not now exist, when did it disappear? what was the state of the country, as to cultivation, agricultural improvements, &c., at the time of its disappearance, and was it connected with any known changes in the neighborhood, such as draining marshes, clearing away wood, &c.?

"3. Where does intermittent fever now exist as an endemic in New England? Has it always been observed in such places as are now liable to it, or has it recently appeared there?

"4. If it have recently appeared, in what places and through what extent of country has this been the case? What is the character of the country, and has this appearance been connected with any such changes in the neighborhood, as the stopping of water-courses, raising of ponds, flooding of meadows, &c.?

"5. If it have made its appearance in any place, what was its character, Quotidian or Tertian? Was it connected with, or did it pass into common continued fevers? Did they prevail at the same time and place? What was their character?

"6. How was the disease treated? what was its length? was it liable to recur? in what state of health did it leave the subjects of it? was it followed by any such maladies as are commonly described as following intermittent fever?

"7. Is there any probability that in any cases, the subjects of the disease had been exposed to its causes, in some other place or part of the country, at any period, whether longer or shorter, before it has made its appearance?"

In answer to this application, the Committee have received communications from but two individuals, both stating facts of importance, but only one of them entering into any detailed reply to the questions proposed.

These communications could not, of course, furnish sufficient materials for a history of this disease, nor indeed for any practical inferences with regard to it; nor were the Committee aware of any other source to which they could apply, nor of any other means of application, for the materials necessary to the investigation they were directed to make. It had been proposed, in connexion with the documents expected from those to whom this application was made, to institute a careful examination of those works which contain the early history of New England, in order to glean from them any indirect notices of the diseases of those periods, which might be found to have any bearing on the inquiry proposed.

It is obvious, however, that any such notices would be of little importance, unless connected with facts relating to more recent periods; and, being destitute of such facts, this examination was deemed unnecessary.

The Committee, therefore, having failed to procure materials which would enable them to prepare any statement relating to the history of intermittent fever in New England, which would be in the slightest degree satisfactory or instructive, respectfully ask to be discharged from the farther consideration of the subject. JOHN WARE,
WILLIAM J. WALKER.

Voted, To accept the Report, and discharge the Committee.

Dr. J. V. C. Smith, from the Committee, appointed at the last meeting, to prepare a list of names of gentlemen to be nominated and balloted for, as Honorary Members, made a Report, which was accepted.

Dr. Nathaniel Ruggles having been duly nominated, was unanimously elected a Fellow.

Dr. Andrew Nichols, of Danvers, was chosen to deliver the annual discourse in May next.

SPECIAL MEETING.

Boston, May 4, 1836.

A special meeting of the Counsellors of the Massachusetts Medical Society was held at the Society's room, Pearl street, this day.

The Corresponding Secretary read a letter from Dr. Nichols, of Danvers, in which he accepted the appointment to deliver the annual discourse.

Drs G. Hayward and E. Reynolds were chosen to examine the Library and Cabinet.

Drs. Z. B. Adams and J. Jeffries were chosen to examine the Treasurer's accounts.

Voted, That the Counsellors recommend to the Society, at the next annual meeting, that the twenty-fourth article of the By-laws be amended, by striking out the last clause, in the words following,—"*or to make extracts therefrom.*"

The gentleman, at whose request the meeting was called, not being present, it was voted, that a Committee be appointed to inquire, and report at an adjourned meeting, whether

any facts have come to their knowledge of infractions of the eighth By-law, relating to consultations.

Drs. A. L. Peirson, Samuel Johnson and David Osgood were chosen.

Voted, That this meeting be adjourned to Wednesday, 11th instant, at 11 o'clock, A. M.

—

Boston, May 11, 1836.

An adjourned meeting of the Counsellors of the Massachusetts Medical Society was held at the Society's room this day.

The President and Vice President being absent, Dr. Jackson, senior Counsellor, presided.

The Committee appointed at the last meeting, to inquire, and report at an adjourned meeting, whether any facts have come to their knowledge, of infraction of the eighth article of the By-laws relating to consultations, made the following Report, which was read and accepted:

The Committee, appointed at a special meeting of Counsellors of the Massachusetts Medical Society, held May 4, 1836, to inquire whether any facts have come to their knowledge of infractions of the eighth By-law of the Society, beg leave to report,—

That it is a matter of obvious notoriety, that the successful impostures of greedy charlatans, and the large sums of money they are enabled to extort from their credulous dupes, hold out a lure to needy and unprincipled members of the medical profession, to share in their dishonorable gains, by joining them in their plans of falsehood and deception. To the honor of the medical fraternity of our Commonwealth, it may be said, that such instances are extremely rare amongst us. It has happened more frequently that medical men have incautiously and imprudently, although, doubtless, without corrupt intentions, suffered their names to be used by unprincipled quacks, to recommend their nostrums. Your Committee believe that all such instances should be stamped with the disapprobation of this Society, and, when wilfully persisted in, by any of its members, should be punished by its highest penalty of expulsion. For, surely, no man is worthy to sustain the fellowship

of an honorable profession, who is willing to degrade that profession for mercenary motives. It has been the practice of the most respectable foreign medical societies to remove from their fellowship all those who have proved themselves thus traitorous to their brethren, and regardless of the best interests of mankind. Dr. Thornton, a medical writer, of some celebrity, was expelled, a few years since, from the London Medical Society, for associating himself with, and recommending an irregular pretender and empiric, who introduced into practice the medicated steam baths; and, more recently, a Dr. Ramadge,* has been expelled from the London Medical Society, for consulting with, and recommending in the Times newspaper, the celebrated and infamous St. John Long.

Without noticing those minor breaches of the By-laws, which are exhibited in appending the names of respectable physicians to the printed recommendations of patent medicines and empirical practice, your Committee proceed to state the facts in relation to a gross infraction of the eighth By-law. Dr. John S. Bartlett, a Fellow of this Society, is joint editor of a weekly newspaper, published under the name of the Boston Pilot. In his paper, of March 12th, is contained an editorial piece, bearing his signature, by the initials of his name, headed "Mr. John Williams, the oculist," in which that unprincipled quack is recommended to the confidence of his readers, the success of his secret nostrums applauded, and the influence of the writer's professional and editorial character offered in "aiding and abetting" a man who had been notoriously imposing on the public, the poor, as well as the rich. The Committee are personally acquainted with circumstances which prove this man's impositions to be of the most unprincipled and mercenary character. Dr. B. has also disclosed, publicly before the Boston Medical Association, his consulting with Mr. Kearney, an irregular practitioner, in this city, and his determination to continue his consultations with the same person in future.

* "At a special meeting of the London Medical Society, held on Monday last, Dr. Ramadge was expelled, and his name erased from the list of members."—*London Medical Gazette.*

All which, together with the number of the Pilot referred to, is respectfully submitted.

A. L. PEIRSON,
SAMUEL JOHNSON, } *Committee.*
DAVID OSGOOD,

May, 11, 1836.

The following preamble and resolution were then adopted:

The Counsellors of the Massachusetts Medical Society, at a special meeting, on the fourth of May, current, having appointed a Committee to inquire whether any facts have come to their knowledge of infractions of the eighth By-law of the Society, which Committee having reported, at an adjourned meeting held this day, an aggravated case as having occurred, in which Dr. John S. Bartlett was concerned, it was thereupon voted, that Dr. Bartlett be notified of the charges made against him, and informed that he may have an opportunity of offering a defence of his conduct, at an adjournment of this meeting, to be held on the eighteenth day of the present month, at eleven o'clock, A. M.

Voted, That Dr. Bartlett be permitted to make his defence at the adjourned meeting, either orally or in writing.

Voted, That the meeting be adjourned.

—

Boston, May 18, 1836.

An adjourned meeting of the Counsellors of the Massachusetts Medical Society, was held at the Society's room, Pearl street.

The proceedings of the last meeting were read.

On motion of Dr. J. Jackson, it was voted, that, in conducting the examination in the case now before us, the following mode of proceeding be adopted. If Dr. Bartlett wishes to attend the meeting in person,—

1. The President shall appoint a Committee of two, who shall introduce Dr. B., and conduct him out when he retires.

2. The President shall appoint a seat for Dr. B., and shall then call on him for his reply to the charges preferred against him.

3. Dr. B. shall then be permitted to make his defence in such terms as he thinks proper; but the President shall be at

liberty to call him to order and to check him, if he attacks the character of other persons improperly, or otherwise pursues an unbecoming course.

4. No one of the Counsellors, except the President, shall speak while Dr. B. is present.

5. After Dr. B. has finished his defence, the President may put to him any questions he may think proper, also, such as are handed him in writing, by any Counsellor.

6. When the President considers the examination finished, he shall intimate the same to Dr. B., and request the Committee to conduct him out of the meeting; and may do the same, during the examination, if the President think any discussion requisite upon any thing which may occur.

Drs. Buck and McKean were then appointed the Committee contemplated in the first article.

Dr. J. S. Bartlett having previously signified his intention to make his defence orally, was then conducted to his seat, where he offered his defence.

After Dr. B. had withdrawn,—

Voted, That the following questions be put to each Counsellor:

1. Has Dr. Bartlett infringed the eighth By-law, by aiding and abetting John Williams, as a practitioner of medicine or surgery?

2. Has Dr. Bartlett infringed the eighth By-law, by consulting with Dr. Kearney, as a practitioner of medicine or surgery?

Both of which were answered unanimously in the affirmative.

Voted, That the decision of the Counsellors, at this time, be laid before the Society, at the annual meeting.

Voted, That a Committee of three be appointed, to support the charges to which the Counsellors have just now assented, before the Society, at the annual meeting.

Drs. A. L. Peirson, Samuel Johnson and Ebenezer Alden were appointed.

Voted, That the Secretary inform Dr. Bartlett of this day's proceedings.

The meeting was then dissolved.

MAY MEETING.

Boston, May 25, 1836.

A stated meeting of the Counsellors of the Massachusetts Medical Society was held this day, at the Society's room.

The Corresponding Secretary read the Report of Fellows admitted since the last meeting.

Voted, To proceed to the election of Officers.

Drs. Alexander Mackie, Joseph Sampson and David Bemis were appointed Scrutineers.

The following gentlemen were elected to the several offices:

George C. Shattuck, M. D. *President.**
Nathaniel Miller, M. D. *Vice President.*
Enoch Hale, Jr., M. D. *Corresponding Secretary.*
John Homans, M. D. *Recording Secretary.*
Walter Channing, M. D. *Treasurer.*
David Osgood, M. D. *Librarian.*

CENSORS,

For the First Medical District, and for the Society at large.

William J. Walker, Abel L. Peirson, John Ware, Edward Reynolds, Jr., Woodbridge Strong.

For the Second Medical District.

John Green, Benjamin F. Heywood, Edward Flint, Charles W. Wilder, Benjamin Pond.

For the Third Medical District.

Stephen W. Williams, Elisha Mather, Atherton Clark, Bela B. Jones, David Bemis.

For the Fourth Medical District.

William H. Tyler, Alfred Perry, Oren Wright, Robert Worthington, Asa G. Welch.

Committee on Publications.

Enoch Hale, Jr., John Ware, Solomon D. Townsend.

Committee on Resignations.

Walter Channing, Zabdiel B. Adams, John Jeffries.

* Dr. Warren declined a reëlection to the office of President.

George Hayward, M. D., was chosen to deliver the annual discourse. Dr. Hayward being present, signified his acceptance of the appointment.

Voted, That the Committee on Publications select and publish a sixth volume of the Library of Practical Medicine, provided that the expense do not exceed six hundred dollars, to be distributed to the Fellows of the Society, at the next annual meeting, on the same terms as were established for the first volume by the Report accepted Feb. 1, 1831. Provided that the Committee shall be authorized to issue the sixth volume, at any time during the current year, that they shall think proper, to be distributed to such Fellows of the Society as shall pay their assessments in advance, for the next year.

Voted, That the Librarian be authorized to sell the fifth volume of the Library of Practical Medicine to such Fellows as shall hereafter be admitted to the Society, one copy to each, for $1.25.

Voted, To proceed to the election of Honorary Members and Fellows.

Dr. G. Washington Hamilton, of Conway, was elected a Fellow of the Society.

[For the list of Honorary Members elected, see next page.]

Voted, That the thanks of the Counsellors be presented to Dr. John C. Warren, for the able and faithful manner in which he has performed the duties of President for several years past.

Voted, That the following be adopted as a rule for the Counsellors the present year, and that it be proposed to the Society, at their next annual meeting, as one of the rules and orders of the Counsellors:

No candidate for election, as a Fellow of this Society, shall be finally balloted for by the Counsellors, at any meeting, except the first stated meeting of the Counsellors; unless there be present, at the time of balloting, at least one Counsellor from the county where the candidate resides, or there be furnished a written recommendation that he be elected, from another Counsellor of the same county.

Voted, That a Committee of three be appointed, to inquire, and report, whether any facts have come to their knowledge of infractions of the eighth By-law, relating to consultations.

Drs. George Hayward, Enoch Hale, Jr. and Ebenzer Alden were chosen.

A letter from Dr. Winslow Lewis, Jr., on this subject, was read, and referred to the same Committee.

The Committee on Leeches made a Report, which was accepted.

The Committee on procuring other and better accommodations for the Society, reported that no opportunity had yet presented, which was accepted.

Voted, That the present Committee be continued through the current year.

Voted, That the meeting be dissolved.

The following gentlemen have had leave to resign fellowship during the year, viz.:

Hezekiah Eldridge, Brighton; Sylvanus Plympton, Woburn; Thomas Manning, Ipswich.

The following gentlemen have been elected Honorary Members of the Society, during the year:

Philip S. Physick, Nathaniel Chapman, Samuel Jackson, William E. Horner, Thomas T. Hewson, Philadelphia; Valentine Mott, John Cheeseman, Edward Delafield, New York; Nathaniel Potter, William Hall, Nathan R. Smith, Robert Dungleson, E. Geddings, Baltimore; Benjamin B. Simons, Joshua B. Whittredge, John Holbrook, Charleston; Daniel Drake, Cincinnati; Benjamin W. Dudley, Charles Caldwell, Lexington; Thomas Sewall, Washington; Daniel Oliver, Hanover; Benjamin Silliman, New Haven; J. M. W. Picton, Henry Luxemburgh, New Orleans; Daniel Osgood, Havana; John Hodgkins, James Stanley, London; John Brien, Dublin.

Fellows elected during the year:

Nathaniel Ruggles, Nantucket; George Washington Hamilton, Conway.

Fellows admitted in course by signing the By-laws:

Willard Parker, M. D., Pittsfield; John H. Gushe, M. D., Quincy; Francis Clarke, M. D., Andover; William F. Perry, M. D., Mansfield; Ezra Stephenson, M. D., Barnstable; Lewis G. Glover, M. D., Boston; Warren Partridge, M. D., Holden; Erasmus D. Hamilton, M. D., Conway; Benjamin Sheldon, Hatfield; Charles Walker, M. D., Austin Flint, M. D., Northampton; Watson Loud, M. D., Hadley; Gardiner Dorrance, Amherst; Lemuel W. Belden, M. D., Matthew B. Baker, M. D., Springfield; Joseph Farnum, Jr., M. D., Marblehead; Andrew Alexander, M. D., Boston; Nathaniel Smith, Colerain; George C. Shattuck, Jr., M. D., Solomon Keep, M. D., J. Mason Warren, M. D., Henry A. Dewar, M. D., Boston; Thomas G. Lee, M. D., Charlestown; James Swan Sullivan, M. D., Unionville; Richard H. Salter, M. D., Joseph Cullen Ayer, M. D., Boston; William R. Bates, Charlemont; Samuel Sawyer, M. D., Fairhaven; John W. Warren, Jr., M. D., Thomas Gray, Jr., M. D., Bertram C. Schuster, M. D., Boston; James Watson Robbins, Uxbridge; Francis Dana, M. D., Oliver W. Holmes, M. D., Robert William Hooper, M. D., Boston; John H. Manning, M. D., Ipswich; Henry B. C. Green, M. D., Albert T. Smith, M. D., Boston; Richard Herbert, M. D., Rowley; Joel Burnett, M. D., Southborough; William M. Benedict, Millbury; John Stevens, Charlestown; William Ingalls, Jr., M. D., Boston.

LIST OF BOOKS.

Adopted February 3, 1836.

In accordance with a law of the Commonwealth, enacted February 16, 1789, and in obedience to a By-law of the Society, the Counsellors of the said Society give notice, that candidates for examination before the Censors, must hereafter give evidence of having read and studied the books whose titles are contained in the list which follows:

BOOKS REQUIRED.

Charles Bell's System of Anatomy and Physiology.
Wistar's, Paxton's, or Cloquet's Anatomy.
Oliver's First Lines of Physiology.
Richerand's Elements of Physiology.
Bichat on Life and Death.
Bichat's General Anatomy, translated by Dr. Hayward.
Beclard's Additions to Bichat, " " "
Turner's Elements of Chemistry, or
Brande's Manual of Chemistry, by Dr. Webster.
Pharmacopæia of the United States.
Bigelow's Materia Medica.
Symes' Principles of Surgery.
Samuel Cooper's First Lines of Surgery, 2 vols.
Sir Astley Cooper's Lectures on Surgery, last edition.
Hunter's Treatise on the Blood, Inflammation, and Gun-shot wounds.
Thompson on Inflammation.
Dewees' System of Midwifery.
Velpeau's Elementary Treatise on Midwifery.
Good's System of Nosology.
Martinet's Manual of Pathology.
Gregory's Treatise on the Theory and Practice of Physic.

Laennec on Diseases of the Chest.
*Louis' Researches on Phthisis.
" " " Typhus.
Fordyce's Dissertation on Fever.
Heberden's Commentaries on Diseases.
Dewees on Diseases of Children.
Lawrence, or Mackenzie, on Diseases of the Eye.
Cazenave on Diseases of the Skin.
Hunter's Treatise on Lues Venerea.
Bailie's Morbid Anatomy.
Cook's Abridgment of Morgagni, 2 vols.
Beck's Medical Jurisprudence.

Although the books recommended in the foregoing list, are all that candidates are required to have read, yet the Counsellors believe that many more may be advantageously read during the period of pupilage. They have, therefore, prepared another list of books, which they recommend for the perusal of students in medicine, as far as they may have opportunity.

BOOKS RECOMMENDED.

Anatomy.

Barclay's Anatomical Nomenclature.
Winslow's Anatomy.
Soemmering's "
Cheselden's "
Boyer's "
Meckel's "
Coles' Surgical Anatomy.
Horner's General and Special Anatomy.
" Descriptive Anatomy.
Albinus' Anatomical Plates.
Lizars' " "
Cloquet's " "
Charles Bell's System of Dissections.
London Dissector.
Dublin "

* The works of Louis will not be required, until translations of them shall have been published in this country.

Shaw's Manual for the Student of Anatomy.
Wilson's Lectures on the Skeleton.
" " " " Vascular System.
Parsons on Anatomical Preparations.
Spurzheim's Anatomy of the Brain.
The Edinburgh System of Anatomy.
Blumenbach's Comparative "
Cuvier's " "
Boyer on the Bones.

Physiology.

Hallers' First Lines of Physiology.
Halleri Elementa Physiologiæ.
Barthez Nouveaux Elemens de la Science de l'Homme.
Blumenbach's Physiology.
Bostock's "
Dunglison's "
Boerhaave's Institutes.
Mayo's Outlines of Human Physiology.
Broussais' System of Physiology.
Magendie's Physiology, translated by Revere.
Bichat on the Membranes.
Fordyce on Digestion.
Beaumont on the Gastric Juice.
Roget's Animal and Vegetable Physiology.
Hunter on the Animal Economy.
Hewson on the Blood and Lymphatics.
Sheldon on the Absorbent System.
Philip on the Laws of the Vital Functions.
Ellis on the Effects of Germination, Vegetation, and Respiration on the Air; two parts.
Parry on the Pulse of the Arteries.

Chemistry.

Davy's Elements of Chemical Philosophy.
Thompson's System of Chemistry.
Black's " "
Murray's " "

Henry's Chemistry.
Lavoisier's "
Ure's Chemical Dictionary.

Materia Medica and Pharmacy.

Murray's Apparatus Medicaminum.
Thesaurus' Medicaminum.
Cullen's Materia Medica.
Pearson's " "
Murray's " "
Paris Pharmacologia.
Wood and Bache's Dispensatory of the United States.
Bigelow's Medical Botany.
Barton's Vegetable Materia Medica of the United States.
Orfila on Poisons.
Hamilton on Digitalis.
Withering on Foxglove.
Crumpe on Opium.
Fowler on Tobacco.
" " Arsenic.
Roberton on Cantharides.
Haden on Colchicum autumnale.

Surgery.

Pearson's Principles of Surgery.
Boyer's System of Surgery.
Abernethy's Lectures.
" other surgical and pathological works.
Hey's Practical Observations on Surgery.
Dessault's Surgical Works.
Bell's (Benjamin) Surgical Works.
" (John) Principles of Surgery.
" (Charles) Operative Surgery.
Richter's Medical Cases in Surgery.
Larrey's Military Surgery.
Bourgery's Lesser Surgery, translated by Roberts.
Travers on Constitutional Irritation.
Jones on Hemorrhage.
Home on the Formation of Pus.

Gibson's Surgery.
Hennen's Military Surgery.
Dupuytren Lecons de Cliniques Chirurgicales.
Pharmacopæia Chirurgica.
James on Inflammation.
Brodie on the Joints.
Wilson on the Bones and Joints.
Cooper (Astley) on Dislocations and Fractures.
" " " Diseases of the Breast.
Guthrie's Operative Surgery of the Eye.
Vetch on Ophthalmia.
Ware on Diseases of the Eye.
Scarpa on the Eye.
Wardrop on the Morbid Anatomy of the Eye.
Saunders on the Eye.
Travers " " "
Adams " " "
Curtis on the Ear.
Saunders " "
Saissy on the Ear, translated by Smith.
Hunter on the Teeth.
Fox " " "
Bell (Thomas) on the Teeth.
Cooper and Travers' Surgical Essays.
Shaw on Distortions of the Spine.
Hodgson on Diseased Arteries.
Cooper (Astley) on Hernia.
Lawrence on Ruptures.
Travers on Wounds of the Intestines.
Crowther on White Swellings.
Ford on the Hip Joint.
Cooper " "
Home on Strictures of the Urethra.
Bell (C.) on Diseases of the Urethra.
Bingham on Diseases of the Bladder.
Wilson on the Urinary and Genital Systems.
Howship on Diseases of the Urinary Organs.
Prout " " "

Brodie on Diseases of the Urinary Organs.
Heurteloup on Lithotrity.
King on Lithotrity and Lithotomy.
Civiale de la Lithotritie.
Howship on Diseases of the Lower Intestines.
Copeland on Strictures of the Rectum.
Calvert on the Rectum.
Boyer Traite des Maladies Chirurgicales.

Midwifery.

Smellie's Midwifery.
Denman's System of Midwifery.
" Aphorisms.
Burns' Principles of Midwifery.
" Anatomy of the Gravid Uterus.
Burns on Uterine Hemorrhage.
" on Abortion.
Blundel's Midwifery.
Ramsbotham's Observations on Midwifery.
Conquest's Outlines of Midwifery.
Davies' Elements of Operative Midwifery.
Merriman on Difficult Parturition.
Rigby on Uterine Hemorrhage.
Douglas on the Evolution of the Fœtus.
White on Lying-in Women.
Gordon on Puerperal Fever.
Hey " " "
Butler " " "
Armstrong " "
Campbell " "
Gooch on Diseases of Females.
Clarke " " "
Dewees " " "
Remarks on the Employment of Females in Midwifery.

Pathology and Therapeutics.

Celsi Opera.
Van Swieten's Commentaries on Boerhaave.
Conspectus Medicinæ Theoreticæ, auctore J. Gregory.

Cullen's Nosology.
" First Lines of the Practice of Physic.
Good's Study of Medicine.
Parry's Elements of Therapeutics.
Chapman's Therapeutics.
Hall on Diagnosis (last edition.)
" " Loss of Blood.
Morgagni on the Seats and Causes of Diseases.
Baillie's Morbid Anatomy, with the plates.
Horner's Pathological Anatomy.
Andral's " "
Andral Clinique Medicale.
Carswell on the Elementary Forms of Disease.
Whytt's Works.
Fothergill's Works.
Rush's Works.
Broussais' Works (translated by Hays, &c.)
Bright's Reports of Medical Cases.
Dunglison's Hygiene.
Underwood on Diseases of Children.
Cheyne's Essays on Diseases of Children.
Percival's Medical Works.
Kirkland's Medical Surgery.
Zimmerman on Experience in Physic.
Huxham on Fevers and Sore Throat.
Jackson (R.) on the Fevers of Jamaica.
" " on Contagious Fever.
" " on Cold Water.
Jackson's (R.) Outlines of the History and cure of Fevers.
Currie on Cold Water.
Senac on Intermittent Fever.
Alibert " "
Beddoes on the Combination of Fever and Inflammation.
Chisholm on Pestilential Fevers.
Bancroft on Yellow Fever.
Chervin sur la Fievre jaune.
Fellowes on the Fever of Andalusia, &c.
Strong on Petechial Fever.

Hale on Spotted Fever.
Boott's Life and Opinions of Armstrong.
Smith and Tweedie on Fever.
Armstrong's Illustrations of Typhus.
Armstrong on Scarlet Fever, Measles and Consumption.
Sydenham's Works.
Gallup on the Epidemics of Vermont.
Clark on Fevers and Scarlatina.
Hawkins on Rheumatism.
Bell (G. H.) on Cholera asphyxia.
Kennedy on Contagious Cholera.
Jackson (James, Jr.) on the Cholera in Paris.
Report on Spasmodic Cholera, by a Committee of the Massachusetts Medical Society.
Chomel, Lecons de Chinique Fievre Typhoide.
Petit et Serres, Fievre entero-mesenterique.
Louis' Memoires sur Plusieurs Maladies.
Clark on the Influence of Climate.
Lind on Hot Climates.
Mosely on Tropical Diseases.
Johnson on Diseases of Hot Climates.
Macculloch on Malaria.
Chalmers on Diseases of South Carolina.
Cleghorn on Diseases of Minorca.
Hillary on Diseases of Barbadoes.
Hunter on Diseases of the Army in Jamaica.
Pringle on Diseases of the Army.
Jackson (R.) on the Medical Department of Armies.
Lind on Diseases of Seamen.
" on the Scurvy.
Blane on the Diseases of Seamen.
Trotter's Medicina Nautica.
Blackall on Dropsies.
Ayre on Dropsy.
Abercrombie on Diseases of the Head.
Portal sur l'Apoplexie.
Cheyne on Apoplexy, Lethargy, &c.
Cook on Nervous Diseases.

Swan on Nervous Diseases.
Hall on Mimoses.
Teale on Neuralgia.
Arnold on Insanity.
Crichton on Mental Derangement.
Pinel on Insanity,
Knight on "
Cox " "
Rush on Mental Diseases.
Corvisart on Diseases of the Heart.
Burns " " " "
Reeder " " " "
Hope " " " "
Davies on the Lungs and Heart.
Parry on Syncope Anginosa.
Gerhard on Diseases of the Chest.
Williams on Diseases of the Lungs and Pleura.
Colins' Manual for the Stethoscope, translated by Ryland.
Maclean on Hydrothorax.
Baron on Tuberculous Diseases.
Bree on Disordered Respiration.
Young on Consumption.
Clark on Consumption and Scrofula.
Stark's (Wm.) Works.
Badham on Bronchitis.
Watt on Chincough.
Peirson "
Paris on Diet.
Philip on Indigestion.
Pemberton on Diseases of the Abdominal Viscera.
Abercrombie on Diseases of the Stomach and Intestines.
Ayre on Marasmus.
Johnson on the Liver.
Saunders " "
Harty on Dysentery.
Hamilton on Purgative Medicines.
Brera on Worms, translated by Coffin.
Rollo on Diabetes.
Marcet on Calculous Disorders.

Adams on Morbid Poisons.
Bateman on Cutaneous Diseases, with plates.
Rayer Traite des Maladies de la Peau.
Fisher on Small-Pox, Varioloid, &c.
Willan on Cow Pock.
Cross " " "
Thompson on Varioloid.
Withering on Scarlatina.
Scudamore on Gout, Rheumatism and Gravel.
Ring on Gout.
Sultan on Delirium Tremens, Peritonitis and Gout.
Fowler on Rheumatism.
Haygarth on "
Home's Medical Facts.
" Clinical Experiments.
Ferriers' Medical Histories and Reflections.
Bardsley's Medical Reports.

Miscellaneous and Periodical Works.

Friend's History of Medicine.
Sprengel's " " "
Hunter's Introductory Lectures.
Cabanis on the Revolutions of Medical Science
Hawkins' Medical Statistics.
Hutchinson's Biographia Medica.
Young's Medical Literature.
Gregory on the Duties and Qualifications of a Physician.
Rush's Introductory Lectures.
Copland's Medical Dictionary.
Hay's Cyclopedia of Medicine.
Percival's Medical Ethics.
Paris and Fonblanque's Medical Jurisprudence.
Smith's (J. G.) Forensic Medicine.
Smith (J. G.) on Medical Evidence.
Edinburgh Medical Essays.
Medical Observations and Inquiries.
" Transactions of the College of Physicians, London.
Transactions of the College of Physicians of Philadelphia.
Memoirs of the Medical Society of London.

Memoirs of the Massachusetts Medical Society.
Duncan's Medical Commentaries.
Transactions of a Society for the Improvement of Medical and Chirurgical Knowledge.
Medico-Chirurgical Transactions.
Transactions of the King's and Queen's College of Physicians of Ireland.
Dublin Hospital Reports.
London Medical and Physical Journal.
" " Gazette.
Edinburgh Medical and Surgical Journal.
American Journal of Medical Sciences.
North American Medical and Surgical Journal.
New England Journal of Medicine and Surgery.
Boston Medical and Surgical Journal.
Medico-Chirurgical Review.

At a meeting of the Counsellors of the Massachusetts Medical Society, the following Report was presented and read; and it was ordered, that the Report and Resolutions be printed, and distributed to each Fellow of the Society, and be considered at the next meeting of the Counsellors.

MASSACHUSETTS MEDICAL SOCIETY.

The Committee of the Counsellors, consisting of one Fellow of the Society from each county in the Commonwealth, appointed to take into consideration the whole subject of the Constitution and By-laws of the Society, have attended to the duty assigned them and respectfully report:

That the Committee met at Worcester at the time appointed by the Counsellors, July 10, 1839, two members only, Dr. Read, of New Bedford, and Dr. Yale, of Tisbury, being absent, and continued in session till the following day. After a very full and frank discussion of all the questions that presented themselves, under the very comprehensive commission referred to them, the Committee have come to the following results, which they now present to the Counsellors.

The profession of medicine is a liberal and benevolent one. Its objects can be accomplished only by measures which have a favorable bearing upon the welfare of the whole community, no less than upon the personal interests of its members. In like manner, the best interests of the whole profession are so interwoven, that the prosperity of any considerable part necessarily advances the prosperity of the whole. The Medical Society has, and can have no separate objects or interests, exclusive of those of the whole body of physicians. Whatever elevates the character and influence of the Society, by the increased intelligence, diligence and devotedness of its members, adds to the respectability, and to the power of doing good, of every member of the profession.

Neither are the means by which the objects of the Society are promoted, of a selfish or exclusive nature. The whole history of the Society shows that it has never cherished any purpose or desire of accumulating peculiar privileges for its members. In its original Constitution, the Society was limited to seventy members; on whom were conferred all the powers incident to a regulation of professional conduct, and to the examination of candidates and the granting of licenses. After an experience of twenty years, the members became satisfied that the organization of the Society was not well adapted to the production of all the benefits expected from it. They applied to the Legislature,—not for the grant of additional powers or privileges,—but for permission to share with others the privileges already granted to themselves. Authority was not only obtained to elect all physicians of a suitable character throughout the State Fellows of the Society, but provision was made that in all time to come, every man of good moral character, who should enter the profession after a proper preliminary education, might claim admission to the Society as a matter of right. The only restriction was, the requirement that candidates should remain with the privileges of licentiates three years, before they could be admitted Fellows. These were the provisions of the Act of 1803, which was passed solely on the application of the Society, and was prepared with great care, under the watchful supervision of an able Committee of its members.

After a further experience of nearly another twenty years, it was found that the restriction of the three years' probation produced in the minds of some young men feelings of jealousy and discontent. The Society applied again to the Legislature,—and, as before, not for an increase of its privileges, but for an extension of them to others not embraced in its provisions. The Society has never sought for any advantages to its members, which should not be freely enjoyed by every competent physician in the State, who would in any reasonable manner exhibit the evidence of his competency. It has never sought to coerce those who venture upon the high duties and responsibilities of the profession without a competent preparation. On the contrary, when the Legislature compelled them, by their Censors, to determine who should, and who should not,

be entitled to certain legal facilities in regard to professional fees, the difficult trust was accepted with reluctance; and it was in consequence of the opinion expressed distinctly by the Society, and of the efforts of some of its members, that the law was repealed.

In carrying into effect its important objects, the Society has never relied mainly upon the immediate effects of its legislation. It is not so much by the enactments of its laws, as by the high character and honorable conduct of its members, that it seeks to exert its beneficial influences. The annual meetings of the Society have been attended by a large proportion of the Fellows with feelings of lively interest, and have done much to excite a spirit of improvement and harmony. It is obvious, that the advantages of such meetings are by no means limited to those who ordinarily attend them, but are shared in a very eminent degree by all. It is only necessary that the meetings should be so constituted as to secure a fair representation of the interests and feelings of the whole, and thus obtain a general confidence and coöperation. This, the Committee believe, is fully accomplished in regard to a very large proportion of the State, and they confidently trust that the modifications, which they are about to propose, will effect the same purpose in regard to the remaining portion.

The Society is too large to enter with facility as a body upon the discussion of medical questions, except in listening to the annual discourse. A library, or a cabinet for the whole Society, would not diffuse its benefits to those Fellows who reside at a distance from the place of its deposit, equally with those who are near. These objects can best be accomplished by the action of district medical societies. It should be the policy of the Society, therefore, as it ever has been since its reorganization in 1803, to encourage the formation and efficiency of such societies. And the Committee would recommend to the Fellows of the Society, who are not organized into district societies, to take measures to form them, whenever it can advantageously be done; believing that they may do much to extend the usefulness of our Institution.

In the practical adaptation of the principles thus expressed, the Committee do not propose any radical change in the organization or mode of action of the Society. They believe that the great purposes for which the Society was

established, or which can with propriety come within its purview, have already been accomplished more effectually than in almost any other kindred institution of which they have any knowledge, in respect to far the greatest part of the profession. But it is said, in behalf of those who reside in the four western counties of the State, that their great distance from the place of meeting precludes them from the enjoyment of many of the advantages possessed by those who are more favorably situated; and that in consequence so few of their Fellows attend the meetings, either of the Society or of the Counsellors, that the proceedings do not obtain their sympathy or confidence in a sufficient degree to render either the By-laws or the recommendations of the Society operative upon them.

To remedy this difficulty, and to acquire for the legitimate actions of the Society the confidence of all its members, the Committee recommend the adoption of a system of modified representation. They do not propose a change of the Constitution to a Society made up of delegates. It is perfectly evident to them, that a very large majority of the Society are altogether indisposed to relinquish the advantages and the satisfaction derived from a personal attendance on the annual meetings. Such an attendance need not be abandoned. But the Committee propose that district societies, whenever they are disposed to do it, shall be authorized to select their own Counsellors, and that absent members, both of the Society and of the Counsellors, shall be permitted to vote by proxy. This will secure to the distant members of the Society an easy and full representation of their views and feelings at the several meetings; while it does not interfere with the right of each Fellow to take his full share in the proceedings. Provision is also made for the election of the whole body of the Counsellors in a manner conformably to the charter, both in regard to such portions of the Society as may not be organized into district societies, and to any deficiency that may exist in respect to the selections of the district societies. The nature of the proposed arrangement will more fully appear from the amendments herewith submitted to the By-laws of the Society. This plan does not require an arbitrary organization of the Society into fixed districts, or any interference with the present arrangement of district medical societies, or with such as may be

formed hereafter, according to the convenience and feelings of the Fellows in the several parts of the State. It only requires that the number of Counsellors shall be determined according to a fixed ratio of the number of Fellows in the several districts and counties.

It appears to the Committee, by information furnished by some of its members, that the fifty-sixth By-law has in some parts of the State given offence, by taking away the freedom originally intended to be allowed to all regular physicians, to join the society or not, as they pleased, and by stigmatizing as irregular practitioners, gentlemen who have been recognized as competent physicians, merely for the exercise of this freedom. This is an effect which the Committee believe was not distinctly in the contemplation of the Society when the fifty-sixth By-law was adopted; and as they think the object of that By-law, in regard to the conduct of licentiates and doctors of medicine, who are not Fellows of the Society, may be satisfactorily accomplished by a different provision, they recommend its repeal and the adoption of a substitute.

The Committee have great satisfaction in stating, that although they came together from the different parts of the State, with views in some respects widely diverse from each other, they have, after a full expression and comparison of feelings and opinions, united in all these recommendations with entire unanimity and harmony. And in regard to a few other propositions which have been suggested by different members, but not agreed to by the Committee, the adoption of them has not been pressed in such a manner as to leave the least apprehension that the authors of them will retire from the Committee with disappointed or dissatisfied feelings. They have a confident persuasion that the adoption of the modifications, now proposed with such unanimity by the Committee, will so far satisfy the expectations of the profession in the western counties of the State, as to induce them, at no distant period, to coöperate in all the efforts of the Society with the same harmony and interest that are now felt in other parts of it.

The Committee present with this Report the record of their proceedings, to which they beg leave to refer the Counsellors for any further explanation of their opinions, and for some recommendations, to which they respectfully

ask the attention of the Counsellors, although not necessarily embraced in the leading purposes of their appointment.

In order to carry into effect the propositions embraced in this report, the Committee recommend to the Counsellors the adoption of the subjoined resolution.

All of which is respectfully submitted.

By order of the Committee,

ENOCH HALE, *Chairman.*

JOHN C. DALTON, *Secretary.*

Worcester, July 11, 1839.

Resolved, That the Counsellors recommend to the Society, at the next annual meeting, to amend the By-laws of the Society as follows:

1st. To strike out the second section of By-law II, and insert the following words:

"2. The Counsellors shall be elected from among the Fellows of the Society, residing within the several districts or counties, as nearly as may be in the proportion of one Counsellor to every five Fellows; provided that at least one Counsellor shall be elected in each county;—and provided that the Society shall not be restricted from electing, on any special occasion, an additional number in any county. Ballots shall first be given for those Counsellors who shall have been elected by the district medical societies, agreeably to the provisions of the forty-fifth By-law. Counsellors for such portions of the State as are not included in any district society, and for any districts from which no return of Counsellors elected by the district society may have been received, shall then be balloted for; and in such election, Fellows belonging to any district society, which shall have selected its own Counsellors, shall not be entitled to ballot for Counsellors for other portions of the State."

2d. To insert the following as a new By-law [to be numbered III, the other By-laws to be numbered in conformity thereto].

III. "Any Fellow of the Society, or Counsellor, absent from any meeting, shall in all cases be entitled to vote by proxy."

3d. To insert the following as a new By-law [to be numbered XLV].

XLV. "Any district medical society may elect, previously to the last Wednesday of May in each year, the number of Counsellors to which by its number of Fellows such district is entitled, and make return of such election to the Recording Secretary before the annual meeting of the Society."

4th. "To repeal the fifty-sixth By-law, and substitute the following [to be numbered LVIII].

LVIII. "If any Licentiate of this Society, or Doctor of Medicine, graduated either at Harvard University or at the Berkshire Medical Institution, shall consult with, or aid or abet any irregular practitioner, he shall be liable to be deprived of the privileges of a licentiate, and to be declared an irregular practitioner."

5th. In the forty-fourth By-law, to strike out the words "to be appropriated for a library, to belong to such district society."

The following propositions of amendment of the By-laws were also presented, and ordered to be printed.

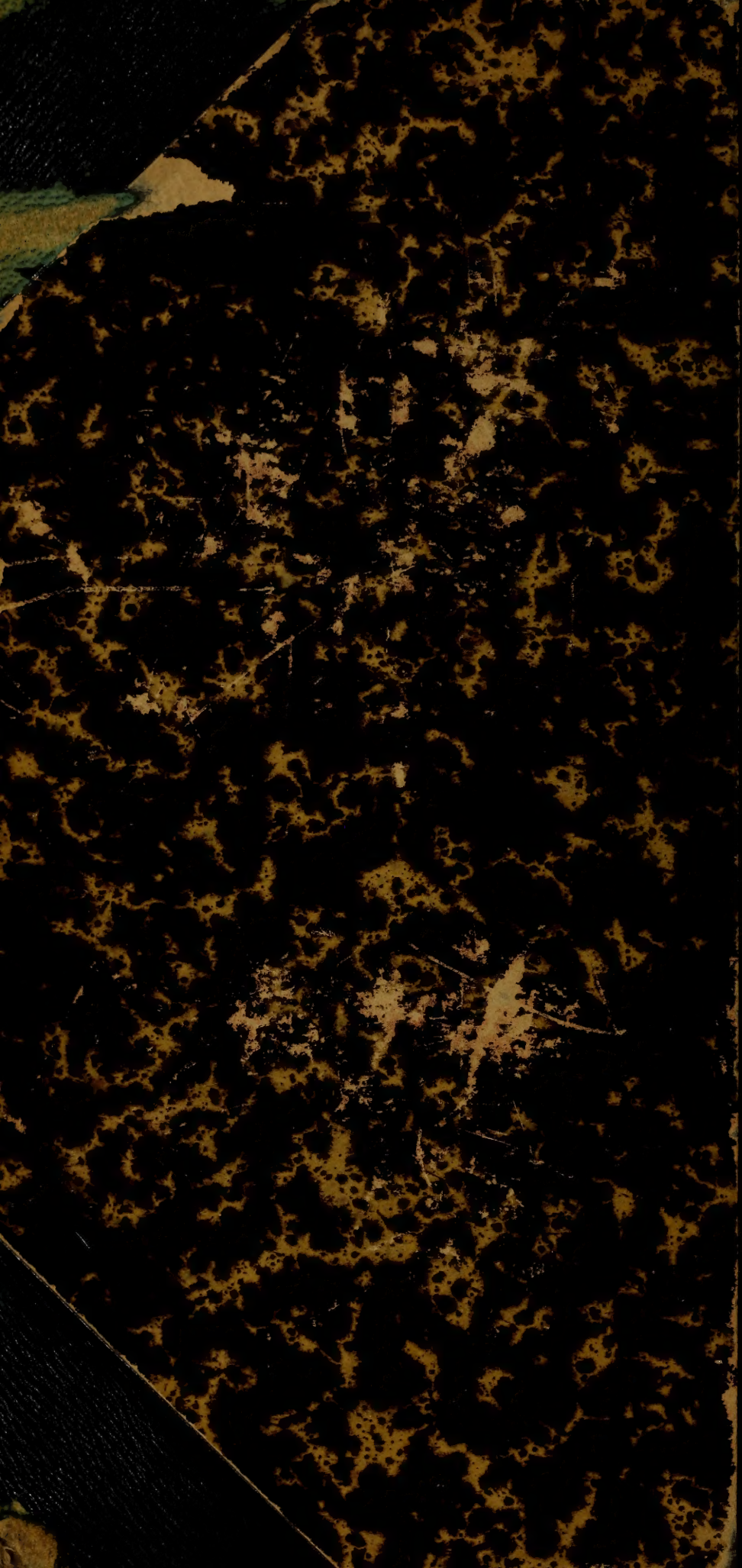
Resolved, That the Counsellors recommend to the Society, at the next annual meeting, to amend the sixth By-law, so that it may read as follows:

VI. Those Fellows who have resigned the fellowship of this Society, with the permission of the Counsellors, after having arrived at the age of sixty years, shall, while living, be distinguished in the printed list of the Society

by a peculiar mark, and shall be denominated *Retired Members.* They shall be entitled to all the privileges of Fellows, and shall conform to all the requirements of the Society, and be subject to all its penalties, except that they shall not be liable to assessments, nor shall they be bound to accept any office in the Society.

Resolved, That the Counsellors recommend to the Society to amend the eighth By-law, by striking out the concluding paragraph, beginning with the words "From and after this annual meeting," &c.

The Counsellors have appointed a Committee to prepare a new list of Fellows of the Society, with the date of admission and of discharge, by death or otherwise, so far as practicable. The Committee earnestly request the Fellows of the Society to communicate to either of the Secretaries, free of expense to the Society, information of any death or removal not noticed in the last printed list of Fellows, with the date, as nearly as it can be ascertained.

The Library of Practical Medicine, Volume X, is nearly ready for distribution,—consisting of Louis's Researches on the Yellow Fever of Gibraltar of 1828; translated by George C. Shattuck, Jr., M. D.

The Fellows of the Society may receive their copies, on application, after the 10th day of November, at the bookstore of Messrs. Charles C. Little & Co., No. 112 Washington Street.